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ABSTRACT

Recent passage of the Americans with Disabilities Act (ADA) has rekindled debates on the responsibilities of postsecondary institutions to serve students with disabilities. This book provides a comprehensive guide to an institutional response to the ADA. It gives practical advice for responding to students and professionals with disabilities, and examines in details special topics such as learning disabilities, AIDS/HIV, and technology. Chapters include: (1) "Legal, Ethical, and Policy Implications of the Americans with Disabilities Act" (Donald D. Gehring, Kenneth J. Osfield, and Judy Wald); (2) "Student Development Theories as Related to Students with Disabilities" (Riqua R. Serebrini, Suzanne E. Gordon, and Barbara A. Mann); (3) "Physical and Technological Access" (Richard W. Harris, Christy A. Horn, and Maureen A. McCarthy); (4) "Disabilities Caused by Human Immunodeficiency Virus Disease" (Richard P. Keeling); (5) "Students with Learning Disabilities: Programmatic and Instructional Considerations" (Loring C. Brinckerhoff and Joan M. McGuire); (6) "Psychological Disabilities" (J. Trey Duffy); (7) "Effective Disability Support Service Programs" (Jane Thierfield Brown); and (8) "Integrated Career Development Services for College Students with Disabilities: From Theory to Practice" (Phillip D. Rumrill, Jr. and Suzanne E. Gordon). Two appendixes contain an annotated bibliography and a directory of additional resources. (GCP)

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# A Student Affairs Guide to the ADA & Disability Issues Monograph 17

Compiling Editors:
Dan Ryan
Maureen McCarthy

NASPA—Student Affairs Administrators in Higher Education

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Dan Ryan and Maureen McCarthy, Compiling Editors

Monograph 17

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Dan Ryan and Maureen McCarthy,

*compiling editors*

National Association of Student Personnel Administrators
1875 Connecticut Avenue, NW, Suite 418
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# INTRODUCTION

The beginning of disability advocacy can be traced back to the inception of the U.S. Constitution and our country's early development. While it is now largely advanced by individuals with disabilities, the movement's progress was fostered by civil rights legislation. Integration of persons with disabilities into education began with the establishment of the School for the Blind in 1812 and Gallaudet University in 1817 (Shapiro, 1993). A full century later, in the aftermath of World War I, society was obligated to assist veterans with disabilities — an obligation partially met in 1918 through legislation that enacted the first rehabilitation program, initiating funding for training. The action was repeated following World War II with passage of yet more legislation for federal rehabilitation programs.

Full inclusion of individuals with disabilities was further strengthened by passage of Section 504 of the Rehabilitation Act of 1973. Shapiro (1993) provided an in-depth history of the hurdles overcome to implement the law when final regulations were issued in 1977. Concomitantly, the Education of All Handicapped Children Act (1975) guaranteed all children the right to a free and appropriate education, thereby creating a larger pool of students requiring access to higher education. Colleges and universities saw an increase in the number of qualified students with disabilities, particularly learning disabilities, as they began to seek access in the 1980s. But even though access had improved, some barriers to a complete postsecondary experience remained. Passage of the Americans with Disabilities Act (ADA) on July 26, 1990, rekindled debate about the responsibilities of higher education to students with disabilities.

Shapiro (1993) characterized the disability movement as the activist mosaic of the 1990s, with diversity as its prominent theme.

While no single person can speak for all individuals with disabilities, such individuals are among the last to gain access to civil rights guaranteed all Americans.

Student affairs has traditionally offered support to diverse student groups, particularly for students historically denied their civil rights. In fact, support for minority students has often been viewed as the primary responsibility of various student affairs subunits, including women's programs, gay/lesbian groups, international student services, TRIO programs, Upward Bound, and myriad special services endemic to specific campuses. For the campus community, providing services to students with disabilities may seem yet another response to a unique group of students. But while the group is small and unique, the level of support it requires is proportionally much larger than other groups.

Although disability issues are typically referred to as a homogenous group, specific disabilities can be categorized into subpopulations. The term *disability* is most often associated with physical impairments, those requiring a wheelchair or other helpful devices for mobility. The category of mobility impairment might also include a condition that limits an individual's ability to move comfortably, such as severe arthritis, severe obesity (limiting joint mobility or circulation), or cerebral palsy. This taxonomy may not always be dichotomous, however, due to the variety and variability of conditions.

Physical disabilities also include visual and hearing impairments. A visual impairment is a condition that severely limits sight or is classified as legally blind. Documentation and verification should be provided by an appropriate medical or psychological professional. Similarly, hearing impairments should be medically diagnosed and their documentation provided by appropriate campus officials.

Learning and psychological disabilities are among the most difficult to classify. Specific information relative to these diagnoses appears in the chapters addressing them. Finally, chronic illnesses and uncharacteristic disabilities include such conditions as Tourette's Syndrome or narcolepsy.

Regardless of the disability, legislation now mandates that we afford students with disabilities access to an education, includ-

ing all aspects of the campus experience. By virtue of the ADA, penalties now strengthen the consequences for violating the law. While it may still be necessary to invoke the law to effect change on some campuses, this monograph was written to provide student affairs professionals guidance as they confront the legal, political, and ethical dilemmas related to empowering individuals with disabilities. The theoretical underpinnings for providing support services and, ultimately, access to higher education are often complex. Authors were therefore selected on the basis of experience, familiarity with a topic, and success in implementing programs and services in a realistic setting.

Chapter One, "Legal, Ethical, and Policy Implications of the ADA," provides readers an understandable legal framework from which to execute the requirements set forth by the ADA. In addition to a precise delineation of the law, Donald Gehring, Kenneth Osfield, and Judy Wald offer guidance in developing policy and ensuring ethical guidelines.

One can argue that individual development is paramount in the college experience. A disability may influence the developmental process, yet it is only one aspect of the total individual. In Chapter Two, "Student Development Theories as Related to Students with Disabilities," development theory provides a model for enhancing the college experience of all students, and particularly those with disabilities. Riqua Serebreni, Suzanne Gordon, and Barbara Mann integrate intellectual, psychosocial, and career development into the unique experiences of students with disabilities.

The remaining chapters include recommendations related to specific disabilities. Chapter Three, "Physical and Technological Access," offers guidelines to help achieve what is most frequently characterized as access. Generally, when referring to access one is referring to architectural barriers. Richard Harris, Christy Horn, and Maureen McCarthy outline specific information relative to providing architectural and technological access, primarily for individuals with physical disabilities. They also recommend a campus self-evaluation and refer to specific legal guidelines.

AIDS- and HIV-related disabilities constitute a discrete subgrouping of conditions Richard Keeling defines medically in

Chapter Four, "Disabilities Caused by Human Immunodeficiency Virus Disease." In addition to specific medical information, Keeling offers suggestions for providing the most important component of any program designed to serve students with disabilities —respectful support.

The field of learning disabilities has emerged as one of the most complex in terms of providing "appropriate" academic accommodations or adjustments for "hidden" disabilities. In Chapter Five, "Students with Learning Disabilities: Programmatic and Instructional Considerations," Loring Brinckerhoff and Joan McGuire approach this complexity by first addressing the issue's essence, an objective definition of learning disability. That definition serves as a foundation for their discussion on providing accommodations and support that enhance the educational experience of college students with learning disabilities.

Chapter Six, "Psychological Disabilities," addresses issues associated with providing support and services for the rapidly expanding number of students with psychological impairments. Again, the definition of psychological disability is critical to identifying eligible students. Trey Duffy offers recommendations for providing service, with emphasis on minimizing myths and stereotypes.

Jane Thierfeld Brown acknowledges the importance of legal mandates set forth by the ADA in Chapter Seven, and offers suggestions for devising "Effective Disability Support Service Programs." Emphasizing independence, Brown outlines specific components that must be addressed on each campus. After completing their campus experiences, students should independently engage in a search for employment in their respective careers.

Phillip Rumrill and Suzanne Gordon expand on the employment of individuals with disabilities in Chapter Eight, "Integrated Career Development Services for College Students with Disabilities: From Theory to Practice." They present an employment model that can be used to improve career and placement services.

As student affairs professionals with a responsibility to advance the rights of individuals with disabilities, we must employ

such individuals within our own divisions. In Chapter Nine, "Professionals with Disabilities," Holly Belch provides a history of this employment within student affairs. Furthermore, she offers insight into the experiences of those who have engaged in the search for employment. Finally, Belch challenges readers to examine current practices in an attempt to improve the employment situation for individuals with disabilities.

This monograph was designed to offer student affairs professionals information and resources from a variety of perspectives. In addition to providing factual information, it should make apparent that support to students with disabilities will reflect the essence of each campus relative to its mission. There is no one "ideal" method for services or programs. Chapters were designed, instead, to offer guidance when necessary, suggestions when appropriate.

Readers can refer to chapters individually or read the monograph in its entirety. In either case, the book represents only a small sample of the vast body of literature and information available. Therefore, a list of resources and an annotated bibliography are appended. As editors, we found it difficult to reduce the volume of information so that it reflected only those issues most salient for student affairs professionals. We hope the monograph, coupled with the noted references, will provide necessary information for responding effectively to the campus community.

---

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*CHAPTER ONE*

# LEGAL, ETHICAL, AND POLICY IMPLICATIONS OF THE AMERICANS WITH DISABILITIES ACT

DONALD D. GEHRING, KENNETH J. OSFIELD, AND
JUDY WALD

*There is a great new civil rights struggle going on in our country. Long neglected Americans are seeking . . . their full and equal share of the rights to which all are entitled. . . . Accessibility for individuals with disabilities must be viewed in that context — it is an issue of civil and human rights (Mikochik, 1991, p. 351).*

The Americans with Disabilities Act (ADA) was signed into law by President George Bush on July 26, 1990. Not since the Rehabilitation Act of 1973 has any one piece of legislation brought about so much change in higher education for persons with disabilities. The ADA significantly expanded the rights of persons with disabilities, but it has also been greatly misunderstood by higher education administrators.

The ADA extends federal civil rights protections in several areas. The Civil Rights Act of 1964 and the Rehabilitation Act of 1973 laid the groundwork. The ADA is not an affirmative action statute, but rather is intended to assure equal opportunity, full participation, independent living, and economic self-sufficiency for people with disabilities. The act does not supersede any previously

existing laws, including Section 504 of the Rehabilitation Act of 1973. It specifically states that nothing in it can be construed to limit or reduce the coverage of other state or federal laws (Equal Employment Opportunity Commission, 1992).

The basic principles of Section 504 and the ADA are the same; however, the ADA provides expanded coverage and stronger enforcement. It would take an entire publication to examine the detailed legal requirements of either law. This chapter therefore presents only the basic legal mandates of the ADA and how those requirements relate to Section 504. It also goes beyond the law's legal parameters and offers ethical and policy considerations for providing basic civil rights to persons with disabilities on our campuses. The legislative elements discussed serve as a springboard for examining an institution's administrative responsibilities. By moving beyond the letter of the law to humanistic policies and practices, the chapter provides guidelines for implementing the legislative mandates in an optimal manner.

Understanding the legal and administrative framework of the ADA and Section 504 is important because awareness of the legal rights of individuals with disabilities has increased (Rothstein, 1991). Prior to entering institutions of higher education, students with disabilities have received the educational benefits of the Individuals with Disabilities Education Act (IDEA), formerly known as the Education for All Handicapped Children Act of 1975. These persons have greater expectations concerning the substantive and procedural protections of disability-related legislation and anticipate continued benefit through the ADA and Section 504. The growing awareness of protections available under federal legislation has increased the amount of litigation relating to disability issues. The increasing number of complaints indicates that individuals with disabilities no longer remain passive if they believe their legal rights have been violated. Litigation brought to enforce their civil rights is expensive, both in terms of financial resources and loss of reputation for institutions involved (Rothstein, 1991).

## Basic Legal Mandates

As passed by Congress, the Americans with Disabilities Act of 1990 begins with its findings that

> some 43,000,000 Americans have one or more physical or mental disabilities and this number is increasing. . . . Discrimination against individuals with disabilities continues to be a serious and pervasive problem . . . in such critical areas as employment, housing, public accommodations, education, transportation, communication, recreation . . . and access to public services. . . . [Often, however, disabled persons] have no legal recourse to redress such discrimination . . . [thus], the nation's proper goals regarding individuals with disabilities are to assure equality of opportunity, full participation, independent living, and economic self-sufficiency (42 USC 12101[a]).

Congress stated that it intended to clearly, strongly, and consistently enforce standards addressing the discrimination faced daily by people with disabilities. While the ADA parallels Section 504, no such findings or purposes were included in the earlier law. This signals congressional commitment to eliminating discrimination against persons with disabilities. It also provides the courts a clear statement of congressional intent as they interpret the law in future litigation.

Essentially, the ADA and Section 504 impose similar requirements on colleges and universities. There are some general and specific differences, however. Where, for instance, Section 504 refers to *handicapped* persons, the ADA uses the term *disabled.* But what constitutes a handicap or disability is the same for both:

> *Disability.* The term *disability* means with respect to an individual: (a) a physical or mental impairment that substantially limits one or more major life activities, (b) a record of such impairment, or (c) being regarded as having such an impairment (42 USC 12102[2]).

A major difference between Section 504 and the ADA is that the former applies only to institutions receiving federal financial

assistance. The ADA applies to a much broader spectrum of society, in both public and private sectors, through the congressional power to regulate interstate commerce and enforce the equal protection clause of the Fourteenth Amendment of the Constitution. This difference has no major impact on colleges and universities, however, since almost every postsecondary institution in the country receives federal aid and must already comply with Section 504.

A second major difference, one that does affect colleges and universities, is the ADA's enforcement mechanism. Under Section 504, the ultimate penalty for discriminatory practices is loss of federal financial assistance — a hefty loss to be sure. Under the ADA, however, individuals may initiate litigation requesting courts to enjoin institutions to cease discriminatory practices; in addition, the U.S. Attorney General may bring suit for monetary damages, civil penalties up to $100,000, and attorneys fees. All of this could be added to the loss of federal aid.

Each title of the ADA addresses a specific area of discrimination experienced by persons with disabilities: Title I —Employment, Title II — Public Services in State and Local Governments, Title III — Public Accommodations and Services Operated by Private Entities, and Title IV — Miscellaneous Provisions.

**Employment**

Student affairs practitioners should be familiar with the employment provisions of the ADA, particularly since intentional discrimination can result in a jury trial (plaintiffs' lawyers are very interested in this possibility) and compensatory as well as punitive damages. This was not the case under Section 504.

Employers are prohibited from discriminating against "qualified individuals with a disability," which is similar to Section 504's "otherwise qualified handicapped person." *Qualified individual with a disability* is further defined as a person with a disability who, with or without reasonable accommodation, can perform the essential functions of the position he or she holds or desires.

Like Section 504, the ADA requires employers to make "reasonable accommodations" to allow qualified persons with disabilities to perform the "essential functions" of a job. *Reasonable*

*accommodations* has been expanded slightly under the ADA by adding to the Section 504 definition "reassignment to a vacant position . . . appropriate adjustment or modifications of examinations, training materials or policies" (42 USC 12111[9]).

Similarly, Section 504 and the ADA do not require accommodating an individual with a disability when it would create an "undue hardship." The definition of *undue hardship* has also been broadened, however, under the ADA — in favor of making accommodations. Factors to be considered include:

- The nature and cost of the accommodation needed
- The overall financial resources of the facility or facilities involved in providing the reasonable accommodation; the number of persons employed at the facility; the effect on expenses and resources, or the impact otherwise of such accommodation on the operation of the facility
- The overall financial resources of the covered entity; the overall size of the business of a covered entity with respect to the number of employees; and the number, type, and location of its facilities
- The type of operation or operations of the covered entity, including the composition, structure, and functions of the work force; the geographic separateness and administrative or fiscal relationship of the facility or facilities in question to the covered entity (42 USC 12111[10]).

Finally, a person with a disability is "qualified" if, with or without reasonable accommodation, he or she can perform the essential functions of the job. This requires employers to determine the essential functions of a position. Search and screening committees should have such standards available before their processes begin. Search committee personnel must also know that while they may not ask individuals if they are disabled, they may ask them if they can perform the essential functions, and if they require any accommodations to do so. Training search committees in the intricacies of the law is of utmost importance and should be addressed at departmental and university levels.

**Public Services Provided by State and Local Governments**

Title II of the ADA states,

> No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity" (42 USC 12132).

"The term 'qualified individual with a disability,'" the law continues, "means an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity" (42 USC 12131[2]).

As you can see from its prohibition and definition of persons with disabilities, Title II is almost identical to Section 504. The difference is that Title II of the ADA extends the nondiscrimination prohibition to services provided by other governmental agencies in addition to those who receive federal financial assistance. Since "recipient" colleges and universities have had to comply with Section 504 requirements since 1973, and since Title II does not differ significantly from 504, most public institutions are already in compliance with the new legislation.

As mentioned earlier, one of the chief differences between Section 504 and the ADA is the enforcement scheme. Another difference, and a new requirement for institutions, is that the rules for implementing Title II require public agencies to "take appropriate steps to insure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others" (35 CFR 35.160). Thus, in most cases, institutions must have telecommunications devices for the deaf (TDDs). Some will be able to use a third party relay service instead of a direct TDD connection. Institutions also need to begin publishing the TDD or relay service telephone number in all publications listing telephone numbers. Publications should be

available in alternate formats, as well, for persons with print-related disabilities. Institutions are advised to have two alternate formats available.

Like Section 504, Title II of the ADA only requires that services, programs, and activities be accessible. The law does not require public colleges and universities to make every existing facility accessible. New buildings constructed and alterations completed after June 3, 1977, must be accessible under Section 504. Thus, if an institution's programs and activities are accessible to persons with disabilities, and if the institution has made new and renovated facilities accessible, existing buildings do not need to be altered under the ADA.

The ADA also requires an institutional self-evaluation of current services, policies, and practices. Although only programs and activities not covered by the Section 504 self-evaluation need be evaluated (34 CFR 86.4[c]), institutions are advised to conduct a complete and comprehensive new self-evaluation. We believe it is important to start anew and the only way to do that is to look at all present programs, services, and policies. The Section 504 self-evaluation, though sufficient at the time of its implementation, may not be adequate to address the complexity of higher education institutions today. It can, however, be used to develop guidelines for the ADA self-evaluation, since the ADA does not provide a framework for assessment. Administrators may view this approach as time-consuming, but will recognize its benefits upon implementation.

The due date for self-evaluation has already passed. It should have been completed and on file by January 26, 1993. The ADA only requires public institutions to complete the self-evaluation, but private institutions would certainly benefit from a thorough assessment of their current programs and services. Private institutions receiving federal aid were required to conduct self-evaluations under Section 504.

Finally, like Section 504, the ADA requires that someone on the staff be designated to coordinate compliance efforts and investigate complaints (28 CFR 35.107). This information, as well as a grievance procedure, must be published. An institution's size determines the scope of the office and the nature of duties for the

person or persons responsible. At small institutions, the designated disabled service compliance coordinator may also wear other hats. Even at large institutions, the number of support staff may be small and they may have other duties. The size or scope of the office is not as important as the institution's commitment to providing services and making modifications and accommodations available. Persons with disabilities have been left without assistance for a long time. It is now possible, given the scope of the ADA, for institutions to reverse the old trends and provide an opportunity for total fulfillment.

**Public Accommodations and Services Operated by Private Entities**

Title III of the ADA concerns the private sector. It applies to all public accommodations operated by private colleges and universities, regardless of whether they receive federal financial assistance.

*Public accommodation* is defined broadly to include, among others, lodgings, restaurants, theaters, stadiums, concert or lecture halls, retail establishments, laundries, cleaners, barber or beauty shops, professional offices, public transportation depots, libraries, museums, childcare centers, gymnasiums, recreation centers, and golf courses. Each of these may generally be found operated by a private college or university (also, by the way, considered a public accommodation).

In most instances, private postsecondary institutions complying with Section 504 will be in compliance with the ADA. There is a significant difference between the two laws, however, for private institutions. Under Section 504, only programs and activities had to be accessible, but under the ADA, "A public accommodation shall remove architectural barriers in *existing facilities* [emphasis added], including communication barriers that are structural in nature, where such removal is readily achievable, i.e., easily accomplishable and able to be carried out without much difficulty or expense" (28 CFR 36.304[a]). Where removal of architectural barriers is not readily achievable, institutions may relocate services to an accessible environment. Of course, private colleges and universities subject to Section 504 are already required to pro-

vide accessible services.

Factors to consider when determining if removal of a barrier is readily achievable include:

- The nature and cost of the action needed
- The overall financial resources of the site or sites involved in the action; the number of persons employed at the site; the effect on expenses and resources; legitimate requirements necessary for safe operation, including crime prevention measures; or the impact otherwise of the action on the operation of the site
- The geographic separateness and administrative or fiscal relationship of the site or sites in question to any parent corporation or entity
- If applicable, the overall financial resources of any parent corporation or entity; the overall size of the parent corporation or entity with respect to the number of employees; and the number, type, and location of its facilities
- If applicable, the type of operation or operations of any parent corporation or entity, including the composition, structure, and functions of the work force of the parent corporation or entity (28 CFR 36.104).

Officials at public and private institutions should be aware of the differences between Title II (Services Provided by State and Local Governments), which applies to public colleges and universities, and Title III (Public Accommodations and Services Operated by Private Entities), which applies to private institutions. Appendix A to the Title II regulations, issued by the U.S. Department of Justice, states, "The regulation makes clear . . . that a public entity is not required to make each of its existing facilities accessible" (28 CFR 35.150[a][1]). Unlike Title III of the ADA, which requires public accommodations to remove architectural barriers where such removal is readily achievable, or to provide goods and services through alternative methods where those methods are readily achievable, Title II requires public entities to make their programs accessible in all cases, except where to do so would result in fundamentally altering the nature of a program or in undue financial and administrative burdens.

Congress intended the undue burden standard in Title II to be significantly higher than the readily achievable standard in Title III. Thus, although Title II may not require removal of barriers where removal would be required under Title III, the program access requirement of Title II should enable individuals with disabilities to participate in and benefit from the services, programs, or activities of public entities in all but the most unusual cases (28 CFR 35 App. A, p. 446).

Like public institutions, private colleges and universities must be able to communicate with applicants, participants, and the public with disabilities as effectively as they do with others. In most cases, this requires installing and using a TDD or relay service. Printed materials must be in alternative formats for persons with print-related disabilities.

Interestingly, Title III does not apply "to religious organizations or entities controlled by religious organizations, including places of worship" (42 USC 12187). This appears to exempt private church-related institutions from the requirement to remove architectural barriers in existing facilities. As recipients of federal financial assistance, however, those institutions are required under Section 504 to make all their programs and activities accessible.

## Thoughts on Policy

Resources will vary at different size institutions, but effort must be made to provide access whenever possible. Reasonable accommodations and modifications are required unless an institution can demonstrate that providing them would present an undue hardship or change the nature of a program. No alternative exists under the ADA and Section 504. Access has not been a high priority at most institutions, so the costs will be high at first. But the benefits will be significant. The added resources and services will enhance the entire university community.

The reasonable accommodation provisions contained in the ADA and Section 504 imply more than just making services available. Academic program modifications should allow qualified students with disabilities to become participants in classroom

education (Miles, Russo & Gordon, 1991). Accommodations might include making interpreters available to the deaf, providing students with learning disabilities more time to complete tests, obtaining adaptive equipment, and moving specific classes to accessible locations.

Through services typically offered by offices for students with disabilities, staff members must ascertain the specific needs of individual students. Professional development and in-service training programs throughout a university community can help facilitate the ADA's reasonable accommodations provision. An established resource base and an awareness of university and community support services will ensure that academic modifications mandated by the ADA and Section 504 are congruent with the needs of individuals.

To assess what is a reasonable accommodation, the following series of practical steps may prove useful:

- Determine the essential academic functions of a program
- Determine whether these essential functions are reasonable, legitimate, and necessary
- Identify the components of a program or service that an individual with a disability can perform
- Assess what specific accommodations would be necessary to enable an individual with a disability to participate in the program or service
- Determine what impact these accommodations would have on the institution in terms of cost, administrative burden, and academic consistency.

## Conflict Resolution

When accommodations are requested but not provided, both sides must be given the opportunity to resolve their differences. The final outcome can go either way, as current case law indicates. All avenues should be explored to resolve disputes at the institutional level. The requesting party is not required to use local resources, however, and can go directly to the Office for Civil Rights, the U.S. Department of Justice, or can initiate action in court.

We recommend a multi-tier conflict resolution process be developed. It should involve the grievant and the institutional representatives involved. Many grievances can be handled with the assistance of the disabled service compliance coordinator. If a dispute cannot be remedied at its most basic level, further avenues for resolution need to be available. Every university has a unique process in this regard, contingent on its resources. The University of Florida, for example, has the following hierarchical procedure in place to resolve disputes:

- Service provider — student
- Service provider — student — department
- Service provider — student — department — affirmative action office
- Service provider — student — department — affirmative action office — president

The administrator responsible should inform students of the process and provide assistance throughout a grievance procedure. Furthermore, that administrator must remain objective throughout, not taking the request or complaint personally. The action is not about ownership or blame; it is about providing reasonable accommodations. What one may perceive as reasonable, another may not. Hence, systematic procedures are established to resolve disputes. Handling a conflict at the local level is, of course, the most time- and cost-efficient way to resolve a grievance.

## Conclusions

The ADA and Section 504 provide higher education institutions a legal and administrative framework for providing services for persons with disabilities. This foundation can be used to build pertinent policies and practices on college campuses. The guidelines and parameters become increasingly important as the number of individuals with disabilities on campuses grows. According to HEATH (1992), the percentage of college freshmen with disabilities has increased steadily from 2.6 percent of all full-time freshmen in 1978, to 7.4 percent in 1985, to 8.8 percent in 1991 (p. 1).

The ADA is expected to ensure persons with disabilities the right to move freely within our society, without confronting discrimination. It has been termed the Emancipation Proclamation for people with disabilities in America and its enactment date, Liberation Day for the Disabled (Tucker, 1989, p. 923).

For over 200 years in the United States, educational opportunities have rarely been equal for persons with disabilities. Two hundred years of injustice cannot be remedied over the course of one decade; it will take many years to achieve total and equal access. People with disabilities are not unrealistic in their desire for equality; they simply want equal opportunities. The legislation is in place; now all that is needed is an understanding of what is required from a humanistic perspective.

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*CHAPTER TWO*

# STUDENT DEVELOPMENT THEORIES AS RELATED TO STUDENTS WITH DISABILITIES

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Student development theories address how college students grow and change in their late adolescence and young adulthood. They describe students' developmental status and explain how changes occur (Parker, Widick & Knefelkamp, 1978). Rodgers (1989) traced three major historical paradigms for student affairs — *in loco parentis,* student services, and student development — and noted the profession uses individual and group development theories to create environments that help college students learn and develop. The theories provide criteria for designing physical environments, programs, services, and policies appropriate for persons at different developmental stages.

Increased attention to the diverse populations represented by today's students has made apparent the limitations of student development theories. The theories often fail to account for the influence of culture on the developmental process, and few recognize the role of assimilation/acculturation in students' overall development. Much of the existing student development research is biased because it has been conducted primarily on white males (Brown & Barr, 1990). These limitations have made it difficult to

fully explain the development of student subpopulations. In response to such shortcomings, many new models and theories focus on women, racial and ethnic groups, older students, international students, and gay, lesbian, and bisexual students (Moore & Upcraft, 1990). Students with disabilities, however, appear to be a forgotten subpopulation in evolving development theories and practices on American college and university campuses.

Certainly, there are student development issues unique to students with disabilities. One that stands out is integrating a disability into self-identity, which will manifest itself differently depending on when the onset of disability occurs. With this in mind, the need to examine the relationship between existing student development theories and the developmental experiences of students with disabilities becomes apparent. Serebrini, Rumrill, Mullins, and Gordon (1993) reported that higher education services designed to meet the transition-to-college needs of students with disabilities are often inadequate.

This chapter seeks to expand the information base upon which professionals rely when designing programs and interventions for students with disabilities. Issues involving intellectual, psychosocial, and career development are of particular concern because reports on college students with disabilities often mention low grades, significant social and emotional difficulties, and poorly defined career goals (Serebrini et al., 1993; Whyte, 1983). The chapter is organized to examine and discuss these student development areas as they relate to existing theories and students with disabilities.

## Intellectual Development

Intellectual competence has been studied more than any other aspect of student development in higher education. Educational objectives mentioned most often concern developing intellect and acquiring information (Chickering, 1969). The models of two well-known theorists in the area of intellectual development, Perry (1970) and Chickering (1969), can be applied directly to students with disabilities.

According to Chickering (1969), faculty and staff have an impact on the development of intellectual competencies, which they can foster by the demands they make and the encouragement they offer. The greatest impact occurs when a student is exposed to the faculty or staff role model on a personal as well as professional level. Different teaching practices have been shown to produce different kinds of cognitive operations and may therefore result in different kinds of intellectual competence.

**Intellectual Development of Students with Disabilities**

Intellectual issues may have special implications for students with disabilities. Cattell, Eber, and Tatsuoka (1970) conducted an extensive study of personality factors, including intelligence, among students with disabilities. The students showed slightly lower intelligence than nondisabled students. The intelligence quotient scores may have been affected, however, by the presence of sensory defects. Discouragement and frustration were also present, leading to greater levels of tension than were found among those in the general population. Cattell et al. (1970) concluded that low achievement and school failure are primary characteristics of students with learning disabilities. They also suggested that physical disabilities —from deafness to locomotor impairments — have a generalized effect on personality, which may also result in more tension from frustration. On the other hand, greater facility with projective mechanisms often accompanies disability, and can raise levels of shrewdness and self-concern (Benshoff, Fried & Roberto, 1990).

The academic characteristics of students with learning disabilities enrolled in postsecondary education include such deficits as severe underachievement, perceptual confusion, short attention span, visual discrimination problems, inability to comprehend information presented orally, difficulty responding to verbal directions, and difficulty remembering information given in class. Students with learning disabilities also have problems memorizing, taking notes in class, outlining, identifying main ideas, planning and setting goals, and managing time (Putnam, 1984).

According to Hurwitz and Kersting (1993), obstacles related to attitudes, communication needs, and awareness among the hearing faculty make it difficult for students who are deaf or hard-of-hearing to establish relationships with faculty. Ramist (1981) stated that these students' interaction with faculty affects their academic performance and social integration, making it critical that faculty understand the nature and impact of deafness.

Students who are deaf and mainstreamed are anxious to assume the role of their peers who can hear. A good teacher is therefore one who does not make a student with a hearing impairment feel different. It is demeaning to be treated as special because of a disability (Saur, Layne, Hurley & Opton, 1986).

Regardless of ability level, students who are blind or visually-impaired are often unable to perform at their maximum because of limited access to technology and services (Owen, 1993). Even when they are aware of missing information that sighted individuals take for granted, they may find it difficult to ask for help, which further complicates their intellectual development.

The full development of intellectual competence is a primary goal of higher education. The process may be impeded, however, for many students with disabilities. Strategies these students must use in order to cope with cognitive processing deficits and limited access to information require intervention at the administrative level. Faculty members often require help to understand what is needed and how to provide it. They must know they can turn to student affairs specialists for this help.

**Recommendations for Promoting Intellectual Development in Students with Disabilities**

Student affairs administrators must understand and address the needs of all students, including those with disabilities. Institutions have a responsibility to assist students with disabilities in developing independence by providing the information and encouragement they need to become their own advocates within the system. Progressive leadership programs, mentoring opportunities with faculty and peers, academic strategies and service accommodations, and faculty/staff awareness training should be implemented so that

students with disabilities can be more successful.

According to Chickering (1993), colleges that help students perform at their ability and readiness levels lay the foundation for developing competence. Personal achievements, even those involving precollege reading and writing or extracurricular activities, are more likely to facilitate an increase in students' competence than are academic credits earned toward graduation. Feelings of competence stem from confidence in one's ability to cope with what comes and to achieve goals.

The achievement of students with disabilities has been greatly limited by the inaccessibility of our educational programs in past years. The lost opportunities are often reflected in feelings and attitudes toward these students and in the students' limited success. Fostering intellectual competence in students with disabilities calls for a concerted effort by educators. Academic programs must be accessible. Faculty working with students who have disabilities must be given the technical assistance they require, and students must be accommodated adequately.

## Psychosocial Development

Psychosocial theories suggest that an individual develops through a sequence of stages that define the life cycle. Each developmental stage or phase is created by the convergence of a particular growth process and certain tasks. The convergence typically involves learning attitudes, forming facets of the self, and learning specific skills. The timing of and ways to address various tasks and aspects of personality are influenced by society and culture (Parker et al., 1978). Two theorists, Erikson (1963) and Chickering (1969), are clearly associated with the psychosocial stage perspective.

### Psychosocial Development of Students With Disabilities

Gough (1991) examined Erikson's (1963) first five stages, extending from birth through adolescence and leading to the develop-

ment of identity. The process of healthy identity-formation depends largely on interaction with peers and role models in the first four stages. Disability, however, often limits peer interaction and access to role models. In a qualitative study of hearing-impaired young adults in a one-year transition program, Gough (1991) found that all participants "experienced a lack of relationships with peers (hearing and hearing-impaired) throughout their school years . . . [contributing] to a sense of isolation and a general lack of support" (p. 7). At the end of the transition program, which served as a supportive community experience, most students had a better awareness and understanding of their deafness. They also recognized problems associated with their own identity development, were able to set realistic goals, and, most important, built consistent and balanced bases of support for the future.

Considerable research has been conducted on the psychosocial development of students with disabilities. Evidence suggests that those with visual or hearing impairments and learning disabilities may differ from other subpopulations. The differences might be attributed to disability-related conceptual problems or environmental responses to disability (Brown, 1982; Cordoni, 1982; Danek, 1983; Gough, 1991; Kronick, 1981; Ostby & Thomas, 1984; Vander Kolk, 1983; Witten, 1983).

Bryan and Becker (1980) noted that persons with disabilities may experience periodic depression and anger as they continually cope with a society focused on the able-bodied. Adjustment to disability is not a one-time experience, but an ongoing process occurring over a lifetime. Students with disabilities may need to deal with this issue along several of Chickering's (1969) vectors and throughout Erikson's (1963) stages.

Danek (1983) cited research supporting the occurrence, among children with hearing impairments, of social isolation, peer rejection, and limited opportunities to express feelings and comprehension of the environment. He suggested these early social and cultural influences "can result in delayed or restricted emotional development and marginal coping behaviors" (p. 21). Ostby and Thomas (1984) found limited opportunity for interaction and subsequent restricted development to be common among students with disabilities.

Hurwitz and Kersting (1993) stressed the importance of planned activities to promote regular interaction of hearing-impaired students in the mainstream of postsecondary education. Colleges must analyze programs and services already in place to serve these students' personal-social needs. Most programs, with some modification, will meet their academic needs. Meeting their counseling needs may be more complicated due to communication difficulties and the possible impact of disability on students' personalities. While hearing-impaired students have the same personal needs as typical students, successful social integration presents them additional challenges.

"Blindness, in itself," noted Vander Kolk (1983), "does not play a significant role in the psychosocial development of the person. However, the reactions, feelings, and attitudes of significant people in the [person's] life affect personality development" (p. 15). Vander Kolk (1983) discussed how blindness or low vision influences the acquisition of certain behaviors. A young person with a visual impairment, for example, does not see expressions, gestures, posture, and body language. These, therefore, do not become part of his or her repertoire of appropriate behaviors affecting relationships with others, thereby limiting or eliminating learning based on visual modeling. Acceptable forms of social behavior must be taught explicitly for students with visual impairments if they are to develop the same interpersonal competence as nondisabled students. Campus programs, such as counseling groups and extracurricular activities like those in residence halls addressing social behavior, can help students with disabilities, facilitating their development of important interpersonal skills and experiences.

In a review of the literature, Robinson (1986) found many personality traits, characteristics, and factors used to describe individuals with learning disabilities, including such descriptors as low self-esteem, low need for achievement, poor academic skills, interpersonal difficulties, inattention, impulsiveness, internalized social-emotional difficulties, depression, defensive social behavior, antisocial behavior, anxiety, distractibility, and aggression. According to Saracoglu, Mindin, and Wilchesky (1989), many university students with learning disabilities have poor self-concepts, high levels of stress, and interpersonal difficulties. At the

same time, many are quite motivated and persistent in pursuing specific goals, yet lack positive attitudes about their own competence. In a study designed to examine these students' adjustment to the social, personal-emotional, and academic aspects of university life, Saracoglu et al. (1989) found that college students with learning disabilities reported significantly poorer academic and emotional adjustment than did their nondisabled peers.

Serebrini (1991) found significant personality differences between an undergraduate college student norm group and a group of college students with learning disabilities. Eight out of 16 personality factor analyses showed students with learning disabilities to be more concrete thinkers who form their understanding on the basis of tangible and predictable experiences. Focused on the concrete external environment, they find it difficult to use the internal operations necessary to relate facts to a broader body of knowledge. They are most comfortable when imponderables are held to a minimum, allowing them to follow a standard and reliable routine. Students with disabilities were also found to have less ability attending to specific tasks for a long period, lower self-esteem, greater apprehension, and more feelings of self-doubt and shame than those in the nondisabled comparison group, in addition to being less emotional and less attuned to their own feelings and the feelings of others.

**Recommendations for Promoting Psychosocial Development in Students with Disabilities**

While psychosocial development for students with disabilities has been shown to differ from that of nondisabled students, interventions should differ only with respect to accommodations within the framework of existing campus activities. Emphasis should be placed on the full inclusion of students with disabilities in all campus programs. To accomplish this, students must be accommodated and faculty or staff participating in the accommodation process must have access to technical assistance. If, for example, a deaf student who doesn't speak is involved in a student government activity and called upon to make a public speech, arrangements must be made for a professional interpreter to voice for the student.

Accommodation needs of students with disabilities vary widely and may require complex or technical solutions. Individuals working with these students are not expected to have all the answers, but should request and expect to receive technical assistance provided by specialists. In some cases, faculty or staff can arrange simpler solutions. Aisles in classrooms or lecture halls, for example, can be widened for students using wheelchairs. Students who are visually impaired, deaf, or who have learning disabilities may benefit from receiving a copy of a teacher's lecture notes or of transparencies presented during class or in extracurricular activities. Student services staff or professors who do not have access to a TDD (Telecommunication Device for the Deaf) should call students who are hearing-impaired via the relay service available to anyone using a regular telephone or computer modem. Information on this service is available through local telephone companies. Accommodations should be provided only when requested by students.

## Career Development

Chickering's (1969) development of purpose, which occurs as one answers the questions: Who am I? and Where am I going?, is reflected in the nature and pattern of one's career commitment (Rodgers, 1989). The answers to these questions may pose special problems for students with disabilities.

Similarly, Perry's (1970) theory of student development, emphasizing a general theoretical base to increase the complexity with which students think about career issues, has been used to improve programs in career areas (Touchton, Wertheimer, Cornfeld & Harrison, 1977). Career development studies demonstrate the usefulness of Perry's theory in designing academic instructional programs, which can also be applied to career development (Mason, 1978; Slepitza, 1976; Wertheimer, 1976). Perry's (1970) scheme may be particularly useful in applications for students with disabilities.

**Career Development of Students with Disabilities**

Bryan and Becker (1980) reported that students with disabilities tend to have limited vocational exposure and may limit themselves when evaluating career choices. They may adopt society's stereotype that only certain vocations are appropriate or they may be adjusting to a disability recently acquired. Students must be encouraged to look beyond their disabilities and the limitations society places on vocations for people with disabilities.

Several skills underlie a student's ability to develop a career goal and a plan to pursue it: investigatory behavior; the ability to identify, collect, and analyze relative information; and the use of innovative and unique methods for dealing with problems. Students with disabilities often have not had experience making decisions or developing information-gathering skills. The process of making career decisions may be further complicated by barriers in accessibility, transportation, attitude, and communication, as well as by physical limitations (Blosser, 1980).

Students with disabilities may also find moving into the working world threatening for several reasons: limited work experience, loss of supportive campus programs, physical access, attitudinal and communication barriers, and problems securing personal assistance. If they are encouraged to function independently during their college years, this transition may prove less intimidating.

Brown (1988) reported unemployment and underemployment as two of the most difficult problems faced by people with visual disabilities. Less than one-third of working-age people with visual disabilities are employed. Brown (1988) noted that statistics show persons with disabilities are capable of producing high-quality work and demonstrate good to excellent job performance.

Adults who are deaf may have major problems in the work place (Welsh & Foster, 1991). Graduates of higher education who are deaf tend to have more career options and earn more money than nongraduates who are deaf. Graduates with the highest degrees also earn more than those having lower degrees. Nonetheless, differences exist when individuals enter the working world and increase over time. Poor access to communication and social networks causes many employees who are deaf to be dissatisfied with their positions, regardless of the level of college degree.

Faas (1992) reported that graduates with hearing disabilities feel they are able to communicate well enough to perform their daily job functions but find it difficult to communicate in meetings, leaving them out of the office "grapevine" and perpetuating their sense of isolation. Study participants indicated feeling lonely at times and separated from their coworkers. These conditions may significantly limit productivity. Institutions of higher education need to help students with hearing disabilities to maximize their access to communication and social networks involving people who are not disabled. Additionally, institutions can work with prospective employers to make them more aware of the needs of people who are deaf and to provide them information about technology and strategies that can improve communication and interaction.

Students with learning disabilities frequently experience difficulty accomplishing their career goals. As a group, they too are unemployed and underemployed. They tend to have problems making career choices, getting and maintaining jobs, and receiving promotions (Faas, 1992). Using a hierarchical grouping, Serebrini (1991) identified five types of ability and achievement within a population of college students with learning disabilities that reflected differences in how ability and achievement can affect career performance. All types valued the concrete and sensately obvious, finding abstraction and complicated conceptual inferences difficult. They lacked the imaginative quality needed for reflecting subjectively on concrete matters and thereby linking them with abstract concepts.

## Recommendations for Promoting Career Development in Students with Disabilities

Professionals in higher education are responsible for helping students with disabilities develop compensatory strategies, identify needed accommodations, and develop self-sufficiency skills necessary for career success (McGuire, 1991). Higher education professionals can also develop working relationships with learning disabilities specialists, vocational and career experts, mental health professionals, and state departments of rehabilitation services in order to offer vocational training and support during a student's

college career (Greenspan, Apthrop & Williams, 1991).

Blosser (1980) stated that postsecondary institutions vary greatly in their career planning philosophies and levels of service for students with disabilities. Although Section 504 of the Rehabilitation Act of 1973 mandates that institutions cannot restrict students' choice of academic major or field, it does not ensure students will be realistic in choosing a major. Before making career choices, they must know their limitations, capabilities, and interests, as well as the accommodations required for any career. As Blosser (1980) noted, students must participate at an early stage in career choice decision making and be encouraged to discuss aspirations and limitations they may encounter in future employment.

Career planning and placement offices need special information, including descriptive materials about disabilities, job modifications, accommodations for an academic major, and employer attitudes toward people with disabilities. Students can help in modifying employer attitudes through workshops, employer conferences, and job-site visitation. Internships, cooperative education experiences, volunteer work, work-study programs, summer employment, and professional apprenticeship/mentoring alliances can all benefit both students with disabilities and employers. Career fairs and classes must also be accessible to students with disabilities, providing physical access, offering printed material in a variety of formats, and being responsive to requests for individual accommodations.

## Summary and Conclusions

Studies cited in this chapter illustrate some of the difficulties involved when placing the development of students with disabilities into existing theories. Support for not making assumptions about the application of theory can be found in Gilligan's (1982) research on gender differences in moral reasoning. Straub's (1987) work is also compelling in this respect, since she investigated gender differences in applying Chickering's (1969) vectors of development. Straub (1987) found that for some women, the vector Freeing Interpersonal Relationships preceded that of Developing Autonomy

rather than following it as Chickering (1969) proposed. Such differences may also exist for students with disabilities. Until more studies are conducted specifically on the applicability of various student development theories for students with disabilities, practitioners can take into account the current research on intellectual, psychosocial, and career development.

Providing ongoing support for these students' intellectual and psychosocial development is an important and complex task. Many students with disabilities need to continue working on emotional development, coping behaviors, acceptable forms of social behavior, and developing career options, more than their nondisabled peers. Practitioners must therefore be aware of students' level of development as reflected in student development theories. Additionally, student affairs professionals must design interventions that will help students with disabilities gain access to communication and social networks, develop self-sufficiency skills, and implement compensatory strategies. The skill of student affairs practitioners in assessing students' developmental levels and designing interventions, opportunities, and experiences based on development theory is important in this pursuit.

The following recommendations can assist in developing programs and interventions for students with disabilities:

- Develop programs to assist students with the transition from high school to higher education.
- Design awareness programs to help faculty and staff understand the law, various disabilities, and how to assist students with disabilities in both their academic and extracurricular pursuits.
- Empower students to become their own advocates. Offer students information and training that support their efforts to effectively negotiate and network within their institution.
- Make services and programs available to all students by providing appropriate accommodations (e.g., physical accessibility, interpreters, readers).
- Provide counseling that addresses the unique issues of psychosocial development related to students with disabilities.

- Encourage career planning and placement staff to be aggressive in learning about and working with students with disabilities.
- Make available to students with disabilities new student orientation, coupled with the option of a special orientation program.
- Utilize Disability Awareness Week to raise consciousness. Small group interaction and role-playing can also be used to increase information about disabilities.
- Operationalize outcomes of orientation and awareness week by providing exercises designed to challenge individuals who identify themselves with a disability. An example might be an individual identifying him/herself as a minority assisting an individual with a disability in the role of self-advocacy.
- Incorporate information about working with students with disabilities into student development graduate preparation programs.

In this chapter, we have examined the relationship between existing student development theories and the developmental experiences of students with disabilities, expanded the informational base regarding these students, and provided practical programming suggestions and interventions to meet their specific needs. By adhering to our recommendations within the context of student development theory, student affairs professionals can continue to provide opportunities for the intellectual, psychosocial, and career development of students with disabilities.

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*CHAPTER THREE*

# PHYSICAL AND TECHNOLOGICAL ACCESS

RICHARD W. HARRIS, CHRISTY A. HORN, AND MAUREEN A. MCCARTHY

Webster's (1993) defines *access* as "a permission, liberty, or ability to enter, approach, communicate with, or pass to and from." Perhaps because the International Access Symbol is associated with a wheelchair, disability access has, for many years, implied physical accessibility primarily for individuals with mobility impairments. The symbol is widely recognized but has also limited the perceived meaning of access. The definition extends beyond the width of a door, the incline of a ramp, or the availability of an elevator. It includes perceptions, attitudes, academic adjustments (e.g., alternative testing, note taking assistance), and physical accommodations (e.g., audio enhancements, sign language, braille, large print, computer audio output, transportation, text telephones).

A campus community, as a microcosm, must reflect the diversity of society at large, thereby encouraging sensitivity to all aspects of access. This chapter addresses access from the traditional perspective emphasized by passage of the first major legislation designed to provide opportunities for individuals with disabilities. It outlines a process for assessing current access regarding physical facilities for institutions conducting a self-evaluation, as required by the Americans with Disabilities Act (ADA) of 1990.

References to perceptions and attitudes also offer readers questions that can be used to evaluate the campus climate relative to individuals with disabilities. Finally, the chapter provides a primer on technological access for the general practitioner wishing to acquire a basic understanding of adaptive technology.

## Legal Access

Several past federal legislative enactments have attempted to provide access to higher education for individuals with disabilities. The most frequently cited is Section 504 of the Rehabilitation Act of 1973. Section 504 was limited in application and enforcement, but is still the foundation underlying most programs created to provide services and access to students with disabilities. While Section 504 did not mandate complete physical accessibility, it did call for "program access," defined as nondiscrimination in the functional domains of admissions, housing, and programs.

Subpart E of Section 504 addressed the functional domains by specifying that "qualified handicapped persons may not, on the basis of handicap, be denied admission or be subjected to discrimination in admission or recruitment" (34 CFR 104.42). A thorough examination of admissions processes may reveal unintentional yet discriminatory practices such as screening candidates for admission to an institution or specific program. Historically, admissions decisions have depended on standardized examinations (e.g., ACT, SAT) as one criterion for acceptance. If, however, a standardized examination effectively eliminates a disproportionate number of "otherwise qualified" individuals with disabilities, an institution should reevaluate its criteria. If the admissions process has not been recently reviewed, the ADA offers incentive to revisit it. Conversely, students must demonstrate they are qualified so that admissions requirements can be evaluated relative to an institution's mission.

For institutions maintaining a residential program on campus, Section 504 mandated that comparable, convenient, and accessible housing be made available to students with disabilities at the same cost others pay (34 CFR 104.45). After passage of Section 504,

some campuses created elaborate facilities for individuals with severe mobility impairments. But accessible housing in isolation is neither desirable nor specified by law. Access refers, instead, to providing facilities — in the most integrated setting possible — modified to meet federal accessible guidelines set forth by Section 504 and the ADA. Particular emphasis should be placed on meeting the needs of the *individual*, as illustrated in the case of *Coleman v. Zatechka* (1993), where a university applied a standard policy that did not allow students with disabilities a choice in obtaining a roommate. Because the policy did not address individual needs, the university was found in violation of the law. The court ruled the university must make determinations on an individual basis, and awarded Coleman $1,000 in compensatory damages.

While the initial impetus for providing access to students with disabilities came from Section 504, early attempts may have been thwarted by several factors, including indifferent federal enforcement, the neoteric quality of the disability advocacy movement, and a lack of emphasis on accessible design. The ADA strengthens enforcement of nondiscrimination by providing litigious options for individuals with disabilities. Prior to its enactment, such individuals advocated for their rights through mechanisms set forth by Section 504; in most instances, this was limited to filing discrimination complaints with the regional office of civil rights. The ADA allows individuals with disabilities a private right to action, essentially the option to file suit for monetary damages.

Strengthened by influential leaders such as Justin Dart, one of the primary architects of the ADA, and James Brady, a leading spokesman for the disability community, the disabilities movement placed renewed emphasis on physical and attitudinal access. Negative stereotypes, including the notion that individuals with disabilities must be "cared for," have been perpetuated for decades. Leaders of the disabilities advocacy movement emphasize empowerment instead, as evidenced by the language incorporated into the ADA. The new law offers campus leaders an opportunity to revisit the philosophy behind and the provision of access to individuals with disabilities, especially since the first step in complying with the ADA is to review existing physical access to all facilities.

## Physical Access

The ADA does not require existing facilities to be fully accessible, but it strongly recommends steps be taken to remove all architectural barriers (Equal Employment Opportunity Commission, 1991). The Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG) and the Uniform Federal Accessibility Standards (UFAS) can help ensure physical accessibility. The standards appear in Appendices B and C, respectively, of the *ADA Handbook* (Equal Employment, 1991), offering guidance to physical plant personnel responsible for campus maintenance and operation.

Student affairs professionals need only use the standards as a reference tool. Instead of focusing on specific architectural guidelines, it may be more important to create campus awareness about possible architectural barriers. Several activities can be initiated to emphasize philosophical, ethical, and practical principles that facilitate full participation in the college experience. The ADA provides guidelines for assessing existing programs and services, the first step being self-evaluation.

## Self-Evaluation

Among the promulgated regulations (including that a self-evaluation be completed by January 26, 1993) was a requirement to identify all barriers to accessibility. Jarrow (1992) classified the barriers into six primary areas:

- Access to programs and services
- Admission to programs
- Classroom and curriculum
- Computers and information technology
- Housing and lodging facilities
- Transportation

Not every category will necessarily be addressed on every campus; the areas represented should, however, be identified in the

self-study currently on file at each institution.

If a self-evaluation is not yet on file, it would be prudent for the institution to conduct and file one in case it is audited by any federal agency. Jarrow's (1992) *Title by Title* reference guide includes a comprehensive survey for the evaluation process, paralleling the regulations by addressing the six areas of accessibility noted above. While the remaining sections of this chapter focus on physical and technological access, other chapters in the monograph cover several of Jarrow's additional access categories in more detail.

**Consult with Experts**

The self-evaluation plan of Title II of the ADA (Part 35, Subpart A, Section 35.105) applies to public entities and emphasizes including people with disabilities in the evaluation process. In an effort to provide more practical guidance in this area, the Equal Employment Opportunity Commission and the U.S. Department of Justice (1991) published the *Americans with Disabilities Act Handbook*. It refers to individuals with disabilities as experts who must be included in self-evaluation. Although sometimes difficult, engaging these individuals' support and participation will reduce the possibility of encountering unforeseen barriers. Student affairs professionals can assist with identifying people willing to serve as "experts" to assure suitability for those with disabilities.

Soliciting input from individuals with disabilities can be difficult because of the myriad demands already placed on students, faculty, and staff. Several strategies can help elicit the required feedback. One is to enlist assistance from a student group that addresses disability issues. The group, or a committee commissioned by the group, may then elect to provide the campus community with feedback about institutional planning and design. Individual feedback can be encouraged by providing a mechanism for reporting instances of inaccessibility. Ultimately, of course, all individuals should be encouraged to report existing architectural and attitudinal barriers.

If reports of barriers are not solicited from groups or individuals, a more aggressive scheme may emerge. Students may, for

instance, choose to advocate for themselves within the campus or local community. Student affairs personnel can support such efforts by offering self-advocacy training. Self-advocacy skills are admirable for all students, not just those with disabilities.

**Programs and Services**

Upon enlisting the support of individuals with disabilities, specific self-evaluative steps can be conducted. Essentially, the law states that an individual with a disability shall not be denied participation in programs, services, or activities offered by a public entity. Within the rubric of programs and services, telecommunications and signage are often overlooked in the self-evaluation process.

*Telecommunications.* A college or university is responsible for providing aids and services that ensure communications with applicants and participants. Text telephones (TT) or telecommunications devices for the deaf (TDD) should be available on campus, particularly in offices that routinely communicate with the public (e.g., admissions, financial aid). If a campus offers emergency response services, then a TT/TDD *must* be available wherever those services are provided.

*Signage.* The term *access* extends beyond traditional architectural barriers to include general campus signage. All people rely on signs to move efficiently around campus; for those with disabilities — particularly hearing, visual, and mobility impairments — signage, such as directional information, can be critical.

For individuals who are deaf or hearing-impaired, accessibility includes signs posted near public telephones indicating the location of telecommunications devices. It would also be desirable to indicate these locations on campus maps or maps specifically designed to identify areas of access.

Directional signage should also indicate the location of accessible entrances for those with mobility impairments. Too often, these students travel to a main entrance only to find a flight of steps directly inside the entrance door. Clearly identifying accessible entrances and providing parking at those sites will better serve people with mobility impairments.

Finally, signs must be accessible to individuals with sight impairments. Specific regulations defining size, contrast, and braille requirements are promulgated in the Uniform Federal Accessibility Standards (UFAS). While physical plant personnel are primarily responsible for physical access, student services can help identify inaccessible signage.

## Academic Program Access

Making facilities physically accessible is only a first step in providing an accessible campus environment. Emphasis must also be placed on access to academic programs and equitable evaluation of student progress. Ensuring academic success is a complex and challenging task, yet providing access equitably will present all students an opportunity to learn. Issues related to academic access begin when a student first applies to an institution.

### Admissions

The first step in providing academic access for individuals with disabilities is to ensure a nondiscriminatory admissions policy. Again, Section 504 of the Rehabilitation Act of 1973 states that the admissions process should not discriminate *solely* on the basis of disability. While admissions criteria may be used to select those students most likely to succeed, examination of current admissions procedures would ensure that neither the procedures nor the criteria are discriminatory.

A standardized admissions test is frequently used as one among a set of admissions criteria. Because some standardized tests have been shown to discriminate against students with disabilities (Centra, 1986; Jarrow, 1992; Laing & Farmer, 1984; Ragosta, 1986; Rothstein, 1991), it would be prudent to establish a rationale for using the test as a criterion. Rather than disregard standardized tests completely as a predictor, it may be appropriate to offer alternatives to students who wish to self-identify. It is important to remember, however, that preadmission inquiries into disability are specifically prohibited — students *must* self-identify.

A clear procedure for self-disclosure unrelated to the application for admission should be provided to each applicant. If the admissions office does allow alternative admissions, this option must be available to all students, including those with disabilities. It may be appropriate to individually evaluate the application of a student with a disability if evidence of special circumstances exists. For example, a student may have earned poor grades during one semester due to a disabling injury, resulting in a significantly lower overall GPA. Reevaluation of the student's application may be warranted when this information is provided. The intent of the admissions provision is to secure access for "qualified" individuals with disabilities; only qualified applicants need therefore be considered. Finally, it should be noted that admission can refer to a university, a college within a university, or a program within a college. Every level of the admissions process should be examined, including admission to specific programs.

**Curricular Access**

Brinckerhoff and McGuire (see Chapter Five) offer suggestions for validating a disability and providing subsequent academic adjustments. After confirming existence of a disability, an adjustment may in fact be required. The method for providing that adjustment is negotiable. Ideally, an accommodation results from collaborative effort among the student, faculty, and the student affairs professional designated to assist in this individualized process.

In some cases, a standard academic adjustment (e.g., extended testing time, note taker) may not be appropriate. Although the law states that course substitutions may be necessary, they remain controversial. Arguably, the regulations indicate that courses not "essential" to a program may not be appropriate for a person with a disability. Perhaps the best example of evaluating essential program requirements appears in *Southeastern Community College v. Davis* (1979), a case where a student with a hearing impairment sought admission to Southeastern's nursing program. The college established that the ability to hear was an essential program requirement. The U.S. Supreme Court held that Southeastern could

defend this as an essential component and that the college was not required to alter the fundamental nature of its program, resulting in denial of admission. Conversely, a student may contend that a foreign language requirement is not essential for a specific degree program. In such a case, the student's disability should be carefully evaluated against program requirements. Arbitrarily requiring a foreign language is not defensible when arguing for adherence to a general education core curriculum. Substituting a cultural history course may satisfy the stated mission of the curricular requirement while also meeting the program's intended goal.

Many campuses have established procedures for evaluating these kinds of requests. Gehring, Osfield, and Wald offer policy considerations in Chapter One of this monograph. But regardless of the adjustment or accommodation, it is important that each case be evaluated according to the individual characteristics of the student.

## Technological Access

Technology has evolved as an integral support in almost all aspects of society. It has become a critical component of the educational process. Technological accommodations can potentially provide access to individuals previously dependent on others, or denied the opportunity to engage in activities because of sensory or motor limitations. In this context, the term *technological accommodation* refers to any software or hardware with the potential to provide individuals with disabilities access to the postsecondary educational environment.

Passage and subsequent enactment of the ADA heightened awareness of technological accommodations. The ADA broadly requires that all programs and services, including technology, be accessible to individuals with disabilities. Although access transcends all programs and services, colleges and universities retain some discretion in how technical access is provided. Reasonable technological accommodations may include voice synthesis, alternative keyboard access, large print, or other adaptive software or hardware. An outline for evaluating current technology and rec-

ommendations for specific technological accommodations are discussed below.

**Evaluation**

Over 20,000 adaptive solutions, ranging from low technology items such as special grips for pencils to highly complicated voice recognition computers, are commercially available (Berliss, Borden, Ford & Vanderheiden, 1991). The variety of technological solutions, coupled with the heterogeneous needs of individuals with disabilities, calls for an evaluation model that ensures cost-effective, functional accommodations. Decisions pertaining to both functionality and cost must be grounded in the best available information about environment, task, and the unique needs of individuals.

The initial step in evaluating technological access should be discussion with faculty and staff from the departments or programs affected, computer resource personnel, and an individual with a disability (or a capable representative). Soliciting feedback from affected entities is critical to discovering practical solutions. The collaborative process should specifically address environment and task requirements.

*Environment.* Environmental access refers to the physical placement of computers and related adaptive equipment. Computer facilities, arrangement and positioning of equipment within the facilities, tables, and lighting are examples of topics to address when assessing environmental access to adaptive technology.

First, it is important to provide physical access to user labs and ensure access routes are available during all hours of operation. Aisles, for example, must be wide enough to accommodate wheelchairs. Minimum federal standards offer some guidance, but individuals with disabilities often have their own practical suggestions on how to improve access. Although aisles may meet minimum standards, for instance, it would also be appropriate to provide space for turning at the end of aisles, a practical consideration not fully addressed in the federal requirements. It is important that an accessible workstation be available once the student enters a lab or facility.

Table height is often overlooked. Adequate space must be provided to allow a person using a wheelchair to sit comfortably — at least 28 inches clearance meets this requirement. Ideally, tables will allow variable height adjustments. Purchasing adjustable tables is not necessarily complex or expensive; most office suppliers offer them as standard equipment.

Positioning involves the placement of technology. Keyboards and adaptive devices may have to be positioned at a height or angle specifically defined for an individual with mobility impairment. This could be as simple as moving the keyboard to a slightly different height. Inexpensive, creative solutions can often be implemented with little change to the existing environment.

In addition to the structural arrangement of a computer or user lab, environment access includes lighting within a facility. Ideally, user labs are designed for the comfort and productivity of all students. Volume of light and the glare produced by a light can be particularly important to an individual with a disability. While needs may vary between persons, generally it is important to locate screens in areas free from glare or provide glare reduction covers. Finally, because adaptive technology may require staff assistance, workstations should be located adjacent to easily accessible staffing areas.

*Task Requirements.* After obtaining a generally accessible environment, evaluation can turn to applications programs and general user needs. Students may require specific software packages or access to computer programming languages. Minimally, basic word processing applications must be available to all students.

Occasionally, an individual with a disability may wish to access a package or program for which adaptive technology is not available. If it becomes necessary to substitute alternative solutions, a thorough evaluation of user needs should be conducted. Computer personnel should also be consulted to determine whether current hardware can support alternative software packages. Ultimately, if a substitution must occur, it is essential that the option be comparable to the original software, as well as accessible to the student with a disability. If no technological alternative exists, it may be necessary to provide a reader.

Because access must be provided to all academic programs, additional computer hardware and software allowing students with disabilities to complete assigned tasks may have to be purchased. Many programs cannot, for example, be translated to synthesized speech for students with visual impairments because they make extensive use of graphics. When access is not possible, an alternative would be to substitute a package that provides similar access. Providing access often requires that disability-specific information be evaluated when purchasing adaptive technology.

*Disability-specific Access.* Whenever possible, colleges or universities should obtain a demonstration copy of software or borrow hardware prior to purchase. Testing a product in the host environment (i.e., on campus), can identify unanticipated access issues. One problem common to adaptive technology, for instance, is the need for larger than average computer memory. A product test can ensure that adaptive equipment will operate within existing configuration and memory capacities. A seemingly insignificant configuration may also influence the adaptive device. An antivirus or screen saver program, for example, may interfere with specialized software. If problems arise when adaptive software is loaded, antivirus or screen saver programs should be disabled. It may ultimately prove necessary to seek technical support from an on-campus computer office or the adaptive technology manufacturer.

*Mobility Impairments.* Access relative to input of information is most commonly associated with individuals with mobility or visual impairments. Those with mobility impairments may not possess the manual dexterity required to efficiently input information using a standard keyboard, while those with visual impairments may require orientation to the keyboard or braille key locators.

Individuals with severe mobility impairments most often require adaptive technology for input access. This may mean positioning the computer so it is convenient or purchasing a specific kind of keyboard (several commercial products are available). Again, the keyboard or alternative input device must be positioned within reach of the individual requiring it.

For those with limited fine motor control, *key drag* may be a significant problem. Key drag is the inability to strike the desired key without accidently striking adjacent keys. A key guard is a common and inexpensive solution to this problem. Constructed of either plastic or metal, key guards have entry holes that match the keyboard. The guards are superimposed over the keys, allowing a student to rest his or her hands on top and push through the holes to activate individual keys. They are commercially available and can be removed easily so that students without disabilities can use the same keyboard.

Most software packages require users to activate multiple keys simultaneously (e.g., shift/cap, alt/function). A student with a mobility impairment may have difficulty performing such a task. Fortunately, software packages are available that allow users to complete a multiple-key task from standard software using a sequence of keystrokes rather than simultaneous strikes. These programs can also adjust the repeat feature for individual keys, eliminating the problem of repeated letters when the user does not remove his or her fingers from the keyboard quickly enough.

Another group of software programs extremely useful for those with severe mobility impairments provides word prediction or abbreviation/expansion. Word prediction software uses built-in vocabularies that "predict" the next word based on parts of speech and frequency of normal occurrence in the language. Some of the programs have the capacity to "learn" an individual's language-use patterns and become increasingly more sophisticated in their predictions. Abbreviation/expansion programs allow commonly used phrases to be programmed into single keystrokes, offering a powerful tool to those who may otherwise have to rely on slower, less efficient products.

Among the alternatives to existing keyboard input are Morse code programs and voice recognition applications. Morse code emulates standard keyboard input through the use of software coupled with an alternative input switch. The programs are most often used by individuals who have no use of their hands and rely on sip and puff switches to operate their wheelchairs, computers, and environmental control components.

The voice recognition system is the most sophisticated and expensive of adaptive input devices. While the notion of conveying information to a computer through the simple act of speaking into a microphone may appear attractive, the system does have its drawbacks. Presently, voice recognition systems are slow, cognitively demanding, and personalized for individual voices. Although it may be desirable to provide voice recognition access, the devices are often viewed as personal assistance technology and the law does not require campuses to offer personal assistance. Evaluation of adaptive technology should include its usefulness to a larger group of students.

In addition to evaluating various technological options, it is important to train individuals in using adaptive technology. If a student arrives at an institution trained to use a specific technology, she or he should be provided access to something comparable. Institutions are not legally responsible for training students to use voice recognition or Morse code, but word prediction, abbreviation/expansion, and Morse code are relatively inexpensive interventions. Morse code programs are an invisible interface, so there is virtually no conflict with existing software. Voice recognition is far more expensive than the alternatives and few individuals currently access computers through this method.

*Visual Impairments.* Individuals with visual impairments commonly require enlarged print or voice output of the screen. Screen enlargement programs are relatively easy to access, usually requiring very little training. When selecting the programs, purchasers should evaluate the monitor and software requirements against the current computer configuration to assess the program's compatibility with the current system. Some software screen enlargement programs require specific monitors that add unnecessary cost to providing access. Similarly, such software is generally restricted to text-based packages, limiting use with graphics-based programs. Again, it is desirable to obtain a demonstration copy of the enlargement software to use within the specific application environment.

Speech synthesis provides access to information in either the input or output mode. It requires software that translates information to a speech synthesizer located inside or adjacent to the com-

puter. Synthesizers range from approximately $300 to $1,500, with a comparable range of intelligibility. A synthesizer purchase should reflect the needs of student users, the environment, and the tasks for which it will be used. A synthesizer placed in a general use lab might, for example, be an internal one with optional earphone plug to reduce disruption for other lab users. Most speech synthesis packages require user training; an effort should therefore be made to coordinate software and hardware purchases with state and local visually impaired services to capitalize on existing training and support.

Optical character readers (OCR) offer access to printed materials through translation into synthesized speech. Text is scanned into the computer memory via a mechanism resembling a copy machine and the printed material is subsequently accessed through speech synthesis, large print, or braille. Although translating materials into audio input is again appealing, operating OCRs can be time consuming because material may need to be evaluated for compatibility with the system. Research articles, however, can be accessed quickly with a relatively sophisticated OCR. Depending on their level of sophistication, OCRs range in price from approximately $2,000 to $20,000. On-site demonstrations are once again essential to the evaluation process.

A relatively small number of students with visual impairments use braille. When anticipating the purchase of a braille printer, the cost of braille translation software should be added to the price. Braille printers are noisy and usually require staff assistance, so they should be located where they will not interfere with the work of other students. Ultimately, a braille printing system may require substantial investment. Alternatives that would provide braille access may be plausible if statewide consortiums share a need for the technology.

Hardware and software for students with visual impairments create access to technology. Access then results in increased levels of independence and a more positive educational experience. The most effective way to purchase adaptive technology for students with visual impairments is to consult them during the evaluation process.

**Documentation of Technology**

Documentation detailing proper installation and use of adaptive technology should be comprehensive and accurate, with specific references to the existing configuration. If documentation is not provided in a comprehensive and concise format, it may be necessary to develop a simplified manual for students to use. Reference materials containing simple, clear instructions offer independence to students and can help to ensure they receive access and support even in the absence of a lab assistant.

Documentation should also be provided in media that is accessible to individuals with disabilities. For those with a visual impairment, large print, braille, or taped copies should be included with the standard print format. For students with mobility impairments, a software version would eliminate the need to physically turn pages. Finally, some programs offer on-line help as a useful supplement to standard documentation.

Campus configuration, requirements, and student representation all influence the selection of adaptive technology. Rapidly advancing standard computer systems and related adaptive technology must be purchased with the understanding that they will become antiquated and inevitably need replacing. The guiding principle remains: *Students must be afforded equal access to all offered programs.*

## Conclusion

Inclusion, cultural diversity, and a sense of harmony are among the threads that strengthen a campus community. This chapter offers a brief history of the disabilities movement as a foundation for understanding the broader context of access to higher education. Physical access is but one aspect of a broader perspective. While it is important to meet the physical and technological requirements mandated by the ADA, the method used for meeting those requirements may ultimately have more impact.

A responsive system designed to meet the needs of students with disabilities is the most important aspect of providing access.

For many students, the ADA represents a basic right to equality perhaps best depicted by a statement affixed to the back of a protestor's wheelchair: *To boldly go where everybody else has already gone before.* This sentiment against inaccessible public transportation typifies the intent and spirit of the Americans with Disabilities Act. The ADA is not radical legislation. Rather, it is designed to protect basic civil rights. The ADA is a legal mandate that should provide individuals with disabilities access to postsecondary options and, ultimately, equal employment opportunities. At the very least, individuals with disabilities now have a legal mechanism for securing academic access. While it may be a challenging task, creating a universal access symbol that extends boundaries would advance the efforts of the disability and campus communities and provide a broader definition of *access.*

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*CHAPTER FOUR*

# DISABILITIES CAUSED BY HUMAN IMMUNODEFICIENCY VIRUS DISEASE

RICHARD P. KEELING, M.D.

The presence of students, faculty, and staff with Human Immunodeficiency Virus (HIV) disease creates unique challenges in designing, planning, and delivering services for individuals with disabilities on campus. The challenges are derived from the clinical realities of HIV disease; the extraordinarily broad spectrum of patterns of disability it generates; the social and cultural understanding of, and attitudes toward, people with HIV; and the diversity in training, beliefs, and attitudes among student affairs professionals. This chapter reviews the clinical features and disabilities caused by HIV disease, as well as the impact of HIV on higher education, and offers recommendations for humane, respectful, and effective campus services.

## HUMAN IMMUNODEFICIENCY VIRUS DISEASE

HIV causes a chronic, progressive immunologic deficiency disorder called HIV disease (Keeling, 1993; Volberding, 1989). Although the precise details on how HIV affects immunologically competent cells and systems remains uncertain, HIV infection results in a nonlinear, but progressive, decline in the number and

capacity of those cells and systems, which in turn causes clinical manifestations of immune deficiency. HIV disease manifests itself in a series of predictable phases, or stages, that typically follow one another in orderly succession.

**Primary HIV Infection**

A short, generally minor, usually self-limited illness occurs within a few weeks of initial HIV infection, but preceding seroconversion (development of a positive HIV antibody test). Primary infection typically produces nonspecific symptoms closely resembling other minor acute infectious illnesses, so it is seldom recognized or diagnosed.

**Chronic Asymptomatic HIV Disease**

A long period then ensues during which symptoms are few or absent despite the ongoing replication of HIV and progressive damage to the immune system. While in this phase, people with HIV disease feel and seem well; the only clear evidence of infection is a positive HIV antibody test. Immunologic tests during this phase reveal gradual deterioration evidenced in a reduced number of helper T-lymphocytes present in the blood. The duration of the chronic asymptomatic stage regularly exceeds five years and may be much longer. Individuals cognizant of their HIV status during this time usually experience psychological symptoms (e.g., fear, anxiety, depression) related to that knowledge.

**Chronic Symptomatic HIV Disease**

During this phase, of highly variable duration, constitutional symptoms (e.g., fevers, night sweats, loss of appetite, weight loss), enlarged lymph nodes, and a series of recurrent skin and mucous membrane abnormalities (many of them infectious) begin to occur. Although these symptoms are not life-threatening, they may be difficult and disabling.

**Advanced HIV Disease**

Acquired Immune Deficiency Syndrome (AIDS), advanced HIV disease, replaces chronic symptomatic disease when life-threatening illnesses develop. These can be categorized into four major types.

*Opportunistic and Recurrent Infections.* Opportunistic and recurrent infections occur, or recur, because of defective immunologic protection. Most notable among them is pneumonia, caused by parasites such a pneumocystic carinii, bacteria, fungi, viruses, or mycobacteria. Similar to the organisms that cause tuberculosis, these infections are the most common reasons for hospitalization, disability, and death among individuals with HIV disease.

*Cancers.* Cancers develop, progress quickly, or invade deeply in proportion to diminished immunologic function. Notable examples include Kaposi's sarcoma (a skin tumor that requires infection with a separate sexually transmissible agent), lymphoma (lymph node tumors that tend to be aggressive, spread rapidly, and resist standard therapies), and invasive cervical carcinoma.

*Wasting.* Wasting involves profound loss of lean body mass. For some individuals with HIV, wasting is the most evident manifestation of the disease. Weight loss may occur in conjunction with infections or cancers.

*Neurologic Disease.* Although HIV spreads into the central and peripheral nervous system during the early stages of the infection, neurological symptoms usually do not develop until immunodeficiency becomes profound. New standard antiretroviral drug therapy that often controls the functional effects of HIV on the nervous system has reduced the prevalence of symptomatic neurologic disorders.

In addition to major illnesses, the definition of AIDS for epidemiologic surveillance (and for entitlement benefits) now includes depletion of helper T-lymphocytes below the 200/mm$^3$ level, regardless of the presence or absence of any complicating illness.

The eventual outcome of HIV disease appears not to vary significantly between individuals. Only a very small percentage of those infected do not ultimately develop severe immunodeficiency. Conversely, the pace or tempo at which HIV disease advances varies considerably. A small proportion of people with HIV develop

severe disease within two or three years. More commonly, AIDS is diagnosed six to twelve years after initial infection. Rarely does an individual go for more than twelve years after HIV infection without the emergence of a life-threatening condition.

The basis for such extraordinary variability remains unclear. A combination of host factors (i.e., susceptibility or resistance), characteristics of the route and intensity of infection, and viral strain (more or less virulent) offer plausible explanations. In any event, the observed inconsistencies in the clinical natural history of HIV disease serve as the basis for most current medical management. Available therapies cannot eliminate or destroy HIV, nor can they restore the capacity of the damaged immune system; treatment is therefore designed to slow the pace of the disease and delay the occurrence of life-threatening manifestations.

Treatment of HIV disease remains complex within the evolutionary search for improved techniques. Great uncertainty accompanies the most basic decisions regarding initiation of antiretroviral therapy (with agents such as zidovudine — AZT). Results from a series of clinical studies do not definitively resolve such issues as when to begin treatment and how or in what sequence to add or substitute drug therapies. Although some currently available drug programs appear to delay the development of life-threatening disease, it is not clear whether any of them significantly extend survival. On the other hand, an increasingly sophisticated armamentarium of prophylactic and therapeutic antibiotics has reduced the frequency of some major opportunistic infections that complicate severe HIV disease; improved and hastened treatment of established infections; and retarded the incidence of recurrences. Side effects accompany all treatments and may be as troubling and debilitating as some of the symptoms and complications of the disease itself. Nonetheless, the net effect of medical management is to enhance the quality of life and postpone the more severe complications.

There is more to treating HIV disease than purely medical therapies: self-care, psychological and spiritual assistance, healthy nutrition, and attention to the social dimensions of HIV are equally important. A respectful partnership between individuals with HIV and their multiple care providers (e.g., primary physicians, coun-

selors, therapists, nurse clinicians, educators, social workers, friends, and family) is the most fruitful and effective model for care. The dynamics of caring relationships are critical to managing any chronic illness; the sense of isolation and stigma still associated with HIV makes these relationships especially important to those with the disease.

## HIV in Higher Education

Most college and university students with HIV are in the early stages of the disease and may be asymptomatic or exhibit only minor, intermittent physical problems. The student's young age, the limited number of years spent on campus, the relatively recent history of HIV infection, and the usually long duration of presymptomatic phases combine to make it unusual for most students with HIV to be enrolled when severe disease occurs. Not surprisingly, those in the advanced stages of HIV have generally been graduate, professional, or nontraditional students (Gayle et al., 1990).

Studies suggest a relatively low percentage of HIV infection among students in higher education, approximately .2 percent or two per thousand students (Gayle et al., 1990). Institutions in large metropolitan areas are more likely to have greater numbers than those in predominantly rural environments. Since many urban campuses are comprised primarily of commuter students and offer limited health services, they are less likely to recognize and address the presence of HIV students. This affects the management of disabilities caused by HIV disease; the community has put emphasis on providing psychological support for students who may be anticipating, but not yet experiencing, significant physical disability.

Some institutions have developed sophisticated clinical and psychological services for students on campus, while others have collaborated with community service agencies to provide effective referrals. Additionally, many college communities have now dealt with faculty or staff who have symptomatic HIV disease. In the coming decade, important shifts in the epidemiology of HIV

infection among young adults (i.e., increasing prevalence of HIV among urban teenagers and the declining average age of initial infection) may increase the incidence of students with established HIV disease, thereby increasing the likelihood of students developing symptomatic disease while enrolled. In many urban college and university communities, a higher proportion of students not of traditional age may also bring more people with symptomatic disease to campus. In all settings, the quality of services provided, as well as the attitudes exhibited, will determine the visibility of both students and employees with HIV, and influence their willingness to seek the services available.

Although college and university students with HIV have acquired it through the various recognized means of transmission, the great majority are gay and bisexual men. Being gay or bisexual is not a disability, but gay and bisexual people commonly experience prejudice and violence on our campuses (Croteau & von Destinon, 1994; Liddell & Douvanis, 1994). Staying "in the closet" may require students with HIV to obscure the reality of their infection. Additionally, homophobia may restrict the availability and accessibility of services to gay, lesbian, and bisexual men and women. Adjustments to the psychological and physical disabilities caused by HIV are often complicated by unresolved personal issues about sexual orientation, a history of enduring prejudice, or fear of negative and painful reactions from significant people or service providers who learn that a friend, partner, patient, or client is gay.

## Patterns of Disability

It is useful to conceptualize patterns of disability rather than stages of disease. While the general characteristics of HIV disease exhibit consistency, each person undergoes a different experience physiologically, psychologically, socially, and spiritually. People with the same helper T-lymphocyte levels may show grossly different manifestations of specific infections or other highly vari-

able complications. Accordingly, the types and degrees of disability experienced by people with HIV disease vary greatly (Wachtel, Piette, Mor, Stein, Fleishman & Carpenter, 1992).

**Psychological Illness**

Since HIV typically manifests itself asymptomatically, the most frequent pattern of disability among students with HIV relates to psychological problems. Anxiety, depression, fear, and sleep disturbances are common symptoms. Physicians sometimes prescribe psychoactive drugs to treat psychological symptoms, thus introducing additional psychological and physiological side effects. Both psychological condition and toxicity of drugs may reduce attention span, restrict the speed and accuracy of mental processing, and limit mental flexibility and creativity. The intensity of symptoms (i.e., severity of disability) is exceedingly unpredictable among people with HIV and over the course of an individual's disease.

Inhumane and disrespectful societal attitudes about people with HIV (strangely enough, commonly expressed in religious contexts) often contribute to anxiety, self-doubt, and anger. Some individuals with HIV, as well as those without, have enormous psycho-spiritual resiliency despite psychological stress. The specific "picture" of symptoms, reactions, and adjustments in any one person is therefore hard to predict; it always reflects a changing combination of psychological strengths and vulnerabilities. Similarly, any person's psychological adjustment to having HIV is influenced not only by the internal psycho-spiritual milieu, but also by the reactions and attitudes of friends, family, colleagues, and peers (Dworkin & Pincu, 1993).

The tone, character, and extent of campus services may have a substantial impact on psychological adjustment as well. An individual confronting HIV responds with the psychological stamina influenced by both supportive and destructive elements in the campus environment. One example illustrates a common campus scenario. A male student who is gay and has "come out" to family and friends, may have already endured prejudice. In a homophobic campus environment, the presence of HIV adds to his sense of

being different and feeling threatened. Disclosing his HIV status may inevitably lead to disclosure of his sexual orientation. The paradoxical fear that isolates him thus arises from myriad, complex, and sometimes threatening sources. As a mode of protection, invisibility ultimately prohibits him from receiving the support crucial to his psychological and physical health. Moreover, psychological symptoms of depression and anxiety reveal themselves in the visage of daily life. The outcome is often expressed academically, socially, and occupationally through declining achievement and performance. These disabling conditions might be modified through helpful, responsive assistance from well-designed, accessible campus services.

**Occasional Systemic Illness**

People who have begun to experience symptoms related to HIV (the early chronic symptomatic phase) may occasionally be disabled by constitutional symptoms that modify or preclude routine activities. The combination of fever and night sweats, for example, leaves many people too weak to work or study effectively. Complicating illnesses such as shingles (a painful reactivation of the chicken pox virus) intermittently cause weakness or physical limitations for days or weeks at a time. In the intervals between these manifestations, those experiencing this pattern of illness often feel relatively healthy, with no physical disability. The presence of even intermittent physical complaints often agitates the psychological adjustment to living with HIV. While many individuals establish a tentative detente with their anxiety and fear during the symptomatic phase, fevers, sweats, or other symptoms can easily upset this balance.

**Chronic Illness**

The constitutional components of illnesses are felt more frequently in the later stages of HIV disease. Enlarged lymph nodes, fevers, and weight loss become common companions. During this time, people with HIV are likely to take one or several medications and may be enrolled in research trials requiring time away from work

or school. Many people with this pattern of disease can continue work or academic pursuits, but require accommodations (e.g., lighter course loads, more time to complete assignments, assistance with mobility). The degree of disability can vary considerably on a daily basis, so a student's (or employee's) participation or performance may become less predictable. Some students in the chronic illness phase feel strongly about completing their degrees and will push themselves to finish required work. Friends and mentors often grow concerned about a perceived imbalance between self-imposed academic demands (and self-expectations) and health.

Faculty and staff with chronic HIV-related illness similarly require accommodations that remove barriers to their continued participation in the campus community. It is not unusual for the powerful, but volatile, combination of unpredictable work abilities, occasional irregular attendance, need for variable accommodations, and a strong desire to continue working to cause tension in work environments. In the case of HIV disease, the tension is also fed by other workers' discomforts about HIV, and often by homophobia.

**Chronic Illness with Intermittent Acute Complications**

The pattern described above may be interrupted at irregular intervals by acute complications (e.g., major infections, sometimes requiring hospitalization or home care; cycles of chemotherapy for lymphoma; recurrences of neurologic problems). Acute complications typically interfere significantly with work or study. Changes in medical management commonly require new medications with different side effects, referrals to new clinics and services, and a number of diagnostic tests and imaging procedures that place substantial demands on time, energy, and attention. When only a single major complication occurs, both students and employees may choose to return to previous activities, though they may temporarily require more intensive accommodations. Depending on the nature of the complicating illness, absences from work or school may be prolonged. Some students elect to withdraw during this time; employees may decide to apply for permanent disability.

**Occasional Serious Illness**

An unusual but important pattern in HIV disease is characterized by rare episodes of serious illness, separated by long periods of reasonably good health. Someone who experienced one occurrence of pneumonia months or years ago, for instance, may have had few other problems since. Sometimes the pattern precedes the development of the more common complex of chronic illness with intermittent acute complications. More effective antiretroviral drug therapy, combined with prophylactic antibiotics to prevent major opportunistic infections, allows more people with HIV to remain in this pattern for longer periods of time. Students and employees may often resume unrestricted activities after an interval of needing significant accommodation while recovering from serious illness.

**Progressive Chronic Illness**

Eventually, most people with HIV develop a pattern of significant wasting, permanent (though often fluctuating) disability, and ongoing illness, punctuated by periodic crises requiring hospitalization or intensive residential care. This progressive phase gradually brings increasing limitations, meaning few students or employees would be able to continue uninterrupted work or study.

This time of life is obviously extremely difficult, both for persons with HIV and their partners, colleagues, friends, and family. One of the real tragedies of campus responses to the needs of people with HIV has been the frequency with which students or employees with severe disease approach their deaths in relative or absolute isolation. The progressive loss of ability inherent in advanced HIV disease generally ends enrollment, as well as access to services, and ultimately leads to loss of contact with both the campus environment and its human community. For students and employees, the "tone" of campus attitudes toward HIV (and often toward homosexuality) has commonly been negative enough to create fears of rejection, so many with severe HIV disease do not disclose the nature of their illness. Fearful of discovery, those who isolate themselves for self-protection also isolate themselves from people who could, and would, offer assistance and understanding.

## Responses to HIV-Associated Disabilities

An effective campus response to the needs of individuals with disabilities caused by HIV contains four major elements: (a) establishing humane, respectful policy; (b) designing and implementing appropriate services; (c) planning and providing accommodations; and (d) preparing administrators, faculty, and staff to provide sensitive, specific assistance.

### Policies

Most colleges and universities have drafted some kind of policy statement outlining their response to HIV disease (Gunn & Eddy, 1993). Statements initially written in the mid-1980s vary in comprehensiveness, sophistication, and currentness. As policies are revised, provisions in many earlier statements related to discrimination against students, faculty, or staff with HIV disease are obviated by more effective statutes at local, state, and federal levels. Similarly, components of traditional AIDS policies directed at possibly dangerous behavior by students with HIV now seem superfluous and insulting given the presence of adequate protection in standards of conduct and the absence of any real history of students' intentionally harming or infecting anyone else.

Policies can play an important affirmative role. A strong positive statement allows college and university communities to express equally positive beliefs, values, and commitment to addressing the needs of individuals with HIV. Statements affirming only that an institution will not discriminate essentially comply with the ADA, but policies that affirm a college's intent to welcome, accommodate, and enable people with disabilities, including those related to HIV, create a more positive environment. Inclusive policies transform the legalistic procedural defensiveness and judgmental moralistic character of many early HIV/AIDS statements into statements that build a sense of community. The American College Health Association (1989) issued an outline of topics that any comprehensive AIDS policy should address. Gunn and Eddy (1993) also summarized 15 recommended topics to use in evaluat-

ing policies, among them the provision of support services for individuals with HIV.

**Services**

The nature, scope, and depth of services available to students with HIV vary considerably. On-campus programs and systems of referral to community agencies also differ, even in otherwise similar institutions. Parallelism, or services provided for people with HIV that parallel in scope those provided for other chronic illnesses or disabling conditions, should guide development of support services. Colleges that operate comprehensive student health programs, for example, should provide primary health care to students with HIV, including the same assumptions, limits, and levels of service applied to students with similar chronic conditions (e.g., asthma, allergies, or diabetes). Conversely, an urban commuter campus that primarily refers students to community health care providers not affiliated with the institution, need not establish unique health services for students with HIV. The capacity to provide complete and current referral information is important for any campus.

As the previous discussion of patterns of disability suggests, people with HIV are likely to require the following categories of services: medical and nursing care, psychological assessment and services, social services, and disability services.

*Medical and Nursing Care.* Current strategies for managing cases of people with HIV emphasize approaching the disease as a chronic, progressive illness requiring specific interventions in each of its phases. Regular clinical monitoring combined with close surveillance for complications, appropriate use of antiretroviral drugs, and prophylactic antibiotic therapy to prevent predictable infections, offers the possibility of an enhanced quality of life and delayed onset of serious illness. For most people with HIV disease, many years of relative clinical silence precede significant illness.

*Psychological Assessment and Services.* People with HIV disease vividly experience the interaction of physiological and psychological factors of illness. In addition to adjusting to a chronic

disease, a challenging psychological task in itself (particularly for individuals still developing independence, identity, and relationships), students with HIV must somehow adjust to the limitations on sexual expression, health, career plans, relationships, and life itself. The complex, shifting, and idiosyncratic nature of the psychological impact of HIV requires flexible counseling services provided by clinicians who understand the myriad factors involved. Many campuses limit the extent of counseling services; some offer none at all. In either event, one practical solution is referral to community providers with the skill, experience, and interest to address each student's needs. Paying for psychological services often becomes another issue for students with HIV. The resulting combination of inadequate or absent services, unaddressed psychological needs, and apprehension about financial affairs adds considerably to the psychological burdens.

*Social Services.* Campuses typically do not provide community-level human and social services in a formal sense, but some student assistance programs do refer students to community-based services. At a minimum, an accessible campus administrator should know about community services and establish collaborative relationships that facilitate appropriate referrals. Students with HIV disease may also be referred to entitlement programs (e.g., state-funded medication or Medicaid) to cover the costs of medical and psychological care. Other referrals might include community-based service organizations that offer specific HIV-related assistance.

**Disability Services**

In addition to negotiating and offering special services to assist in accommodation, the campus office for students with disabilities can play a key role as advocates for students with HIV. Service providers can also monitor the quality and character of the campus climate. In some institutions, these offices provide many of the referral services noted above. Ideally, the offices facilitate a clearinghouse function that matches students with HIV (as individuals or as a group) to available on- or off-campus services.

**Accommodations**

Several important factors influence the effectiveness of accommodations for students, faculty, and staff with HIV-related disabilities. The first and second of these are interrelated: the extraordinary variability in the character and degree of disability and the rapidity and unpredictability with which changes occur. Although the pattern of disability observed over long periods of time may be one of gradual and progressive decline, the day-to-day balance of abilities in someone with HIV disease changes frequently. Thus, it is often not possible to predict with precision the accommodation, or level of accommodation, that will be required.

Effective planning requires short-term accommodations that include contingency or "what if" arrangements. A counselor might, for instance, work with a student to develop plans for what to do if the student cannot drive, negotiate steps, take notes, or attend class on a particular day. Such planned alternatives are extremely valuable for anticipating the unknown.

Planned alternatives may include liaison with a faculty member concerning a student's condition. Confidentiality is often difficult to maintain in regard to students or employees with HIV. Curiosity, gossip, a need for power and control (often disguised as the famed "need to know basis"), carelessness, and misguided good intentions are among the perennial challenges inhibiting the confidential provision of effective services to people with HIV. The social and cultural attitudes surrounding HIV disease and its connection to such deeply interesting human behaviors as sexual intercourse, make people with HIV fertile subjects for conversation, speculation, and opinion. Although there may be certain rare and reasonable limits to guarding confidentiality for people with HIV disease, those limits are unclear (Harding, Gray & Neal, 1993). The circumstances demanding that anything other than strict, procedural adherence to the letter and spirit of confidentiality will probably never occur in the experience of most service providers. Nonetheless, confidentiality is an important factor influencing the effectiveness and sensitivity of efforts to provide services to people with HIV. Respectful treatment of privileged information is critical for anyone seeking services related to a disability, but HIV, as a "hidden" disability, requires particularly careful handling.

Occasionally, treatment for infectious complications extends beyond hospitalization and is conducted at home. These therapies often include medications administered intravenously several times a day. During convalescence, individuals may function at a level that allows a limited return to work or study, conditional on their ability to self-administer intravenous therapies. For both students and employees, these treatments may simply require access to a private place for the time necessary to administer a drug. In any event, using needles in treatments creates a demand for safe disposal. Institutions may therefore need to provide infectious body waste and sharp object disposal containers to accommodate students or staff members. All colleges and universities should have policies, procedures, and equipment for safe handling of blood borne pathogens (as required by the Occupational Safety and Health Administration standards).

The bulk of accommodations required by students or employees with HIV disease will not be conceptually or procedurally novel. Time extensions to complete assignments, handicapped parking, reduced course loads, and note-taking assistance are examples common to the context of working with students who have disabilities. The major influence of HIV disease on these standard offerings is that they be deployed flexibly, with special attention to confidentiality, and that they be creative in addressing some unusual medical circumstances.

**Training**

The majority of accommodations designed to assist people with HIV disease are not different in content, process, or character from efforts made on behalf of individuals with other disabilities. Counselors, advisors, and clinicians who have organized resources and services for individuals with disabilities will not find providing services to those with HIV significantly different. In general, these professionals may be an appropriate campus resource.

Although the majority of accommodations are similar in scope, some unique services may be called for. The need for precautions and procedures to prevent occupational transmission of HIV to care providers may, for example, be perceived as a unique con-

cern. Most issues related to serving individuals with HIV are closely connected to attitudes, prejudices, and strong feelings the disease elicits in our culture. All service providers (e.g., physicians, counselors, deans, and vice presidents) are people and therefore susceptible to prejudices and fears. Counselors who assist students with HIV disease must simultaneously manage their own fears and feelings, students' vulnerabilities, students' histories of encountering contempt and reproach, and the reactions and questions of colleagues.

Working with people who have HIV disease therefore creates important training needs (Dworkin & Pincu, 1993). Learning about HIV as a transmissible (but not contagious) virus, and recognizing and anticipating its clinical phases, are the simpler elements of this curriculum. Only marginally more difficult is discovering how to manage occupational risks, biological hazards, and sharp objects. The most relevant and demanding training involves preparing individuals to work with people who are different, and whose differences sometimes stimulate, at "gut level," powerful feelings and fears.

Clarifying attitudes and values is integral to this preparation. Many clinicians advocate self-assessment as a key first step: quiet, honest reflection enables many of us to identify our fears and understand our beliefs (Craig, Grossberg & Keeling, 1992). The process of clarifying attitudes and values may also be accomplished in formal or informal groups, or through discussion with a trusted colleague or mentor. Working effectively with people with HIV requires that we understand and can manage our beliefs, values, and attitudes about homosexuality, intimacy, contagion, illness, and death. We must each confront the connections we make, or abjure, between behavior and illness, and the moral tone we attach to those associations. Furthermore, we must dispense with the arrogance of judging the nature or behavior of another. People with HIV disease commonly endure opprobrium at the hands of those who believe God intended AIDS as a punishment for being gay, for having sex with other men, for using drugs, or for sharing needles. They must not encounter such attitudes in their service providers. The most carefully designed program of accommodations and services will fail to assist students or staff who are offended and fright-

ened by negative and reproachful attitudes (spoken or transmitted nonverbally, in what is said and done, or in what is not said and not done) in the professional and support staff administering to them.

## Conclusion

Medical definitions and related symptoms of HIV disease are offered above as a foundation for understanding its complex nature, especially since issues often have more impact when they are related to HIV. In addition to outlining a positive campus response, the chapter suggests that personal responses are critical to a positive campus community. Perhaps the chapter's most important element, though, is not the procedural response it offers, but what it sees as the overriding factor when working with any student — respect. It is the most crucial component in providing services to students with HIV and in building unity on campus.

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*CHAPTER FIVE*

# STUDENTS WITH LEARNING DISABILITIES

## *PROGRAMMATIC AND INSTRUCTIONAL CONSIDERATIONS*

LORING C. BRINCKERHOFF AND JOAN M. MCGUIRE

Over the past decade, access to higher education for students with disabilities has brought diversity to campuses and challenges to college and university personnel who must ensure equal opportunity in compliance with Section 504 of the Rehabilitation Act of 1973. Since 1985, the percentage of students with learning disabilities has escalated faster than any other group with disabilities pursuing postsecondary education, rising from 15 percent to 25 percent (Henderson, 1992). Among the school-age population (ages 6-21), children with learning disabilities account for 50.5 percent of all students with disabilities receiving special education (*Fourteenth Annual Report,* 1992). Recent trends indicate that nearly half of the high school graduates who have learning disabilities will pursue some type of postsecondary program (*Tenth Annual Report,* 1988). This cohort, then, will continue to seek assistance for disability-related needs.

Many factors have contributed to the rapid growth in students with learning disabilities seeking postsecondary opportunities. As parents, students, and advocates have become more informed about college options and their legal rights, they have exerted increased pressure on college and university personnel to provide services

and accommodations. Traditional-age students came under the protection of legislation implemented in 1978 requiring school systems to provide special education services. These mandated programs have contributed to student success in high school, and to concomitant expectations for support services at the postsecondary level.

Transition plans to enhance preparation for post-high school options, including higher education, among students with learning disabilities are now mandated in all 50 states by virtue of recent amendments to the Education of All Handicapped Children Act of 1975, now called the Individuals with Disabilities Act (IDEA). Changing demographics have also contributed to the increase in students with learning disabilities on campuses. As the number of 18 to 22 year-olds diminished, college personnel recognized the existence of a new student market and responded by articulating a wide range of services for those with learning disabilities (Mangrum & Strichart, 1992).

Student affairs professionals are integral to providing college support services for students with learning disabilities. Although there is no preferred organizational approach for the administrative placement and delivery of such services, recent studies found the majority of them in student affairs divisions. In a survey conducted by Clark (1990), 62 percent of the respondents indicated their learning disability (LD) services were housed in student affairs. Similarly, Woods, Sedlacek, and Boyer (1990) reported that 69 percent of the 13 institutions they studied located their LD services within the unit that serves students with disabilities.

As Buchanan (1993) noted, administrators as well as service providers in student affairs must be well-informed about state and federal statutes, including the Americans with Disabilities Act of 1990, that ensure specific rights to students and employees with disabilities. The remainder of this chapter will focus, therefore, on issues of definition, characteristics of college students with learning disabilities, diagnostic considerations, providing enhanced access via programmatic and instructional accommodations, and resources available to student affairs professionals.

## Issues of Definition

"Few topics in the field of learning disabilities," noted Hammill (1990), "have evoked as much interest or controversy as those relating to the definition of this condition" (p. 1). That the controversy has not yet been resolved was evident in a recent issue of *Learning Disabilities Quarterly* (1991) devoted solely to articles about defining learning disabilities. Although most definitions have been developed primarily for children in public schools, some have sufficient breadth to be relevant for adults (Mellard, 1990). Any definition employed in higher education settings must be understandable to laypersons and in accord with established eligibility criteria contained in Section 504 of the Rehabilitation Act of 1973. Section 504 does not define learning disabilities, but it does specify that if an individual with a physical or mental impairment, or a history of such an impairment, that substantially limits one or more major life activities meets the academic and technical standards for admission to or participation in a college's programs or activities, he or she must be ensured equal educational opportunity (Brinckerhoff, Shaw & McGuire, 1992).

Many college students with learning disabilities develop a variety of strategies to compensate. But not all individuals with learning disabilities are alike. The degree and severity of disability vary from person to person (Brinckerhoff, 1991). By definition, a learning disability affects the manner in which individuals with normal to above average intelligence take in, retain, and express information. A significant deficit is commonly recognized in one or more of these areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematical calculation, and problem solving. People with learning disabilities may also have difficulty with sustaining attention, time management, or social skills.

A learning disability may persist throughout a lifetime, but the problems manifested may change depending on the learning demands and the setting. It may cause problems in grade school, seem to disappear during high school, and then resurface in college. It may manifest itself in only one academic area, such as

math or foreign language, or affect a person's performance across a variety of subject areas and disciplines.

Learning disabilities are not a form of mental retardation or an emotional disorder, nor are they due primarily to environmental or cultural influences. Although they may occur concomitantly with other handicapping conditions, they are not primarily the result of these conditions. Some adults with learning disabilities find the biggest challenge they face in college is not the academic but the social demands. A student may be unable to detect the difference between sincere or sarcastic comments, or to recognize other subtle changes in tone of voice, for the same reason a person with a visual impairment may have trouble discriminating between the letters *b* and *d*. Difficulties interpreting such nonverbal messages may result in lower self-esteem and cause some adults to have trouble meeting or working cooperatively with others.

Hammill (1990) recently did a comprehensive review of 11 major definitions of learning disabilities. The conceptual elements, merits, and limitations of the definitions were discussed further by Brinckerhoff, Shaw, and McGuire (1993). They identified seven points that college support staff and administrators should keep in mind when they attempt to define learning disabilities.

- *Existence Throughout the Life Span:* This is critical for those who work with adults. Many early definitions focused on children, since manifestations of a learning disability were typically seen in school. The hope was that learning disabilities would be remediated or "cured" or would simply disappear by adulthood.
- *Intraindividual Differences:* This terminology was chosen because it describes differences in performance within the individual (i.e., a person might be above average in math, below average in writing) rather than aptitude-achievement discrepancies. The latter descriptor can be problematic in identifying college students since they may have learned to compensate for learning difficulties, thus diminishing any discrepancies. Additionally, many diagnostic instruments are not scaled beyond high school or normed on adults, making it difficult to determine an aptitude-achievement discrepancy in adults.
- *Central Nervous System Dysfunction*: Some definitions cited

by Hammill (1990) indicated that a problem in the central nervous system (CNS) causes learning disabilities. Although this may be the case for many with severe disabilities, it has yet to be proven across the spectrum of individuals with learning disabilities (Hynd, Marshall & Gonzales, 1991).

- *Problems with Learning Processes:* Some definitions suggest that disruptions in the processes of memory, attention, or cognition influence performance in the skill or ability areas difficult for students with learning disabilities. This component is critical for definitions involving adults; poor teaching, diminished motivation, or educational disadvantage can also cause learning disabilities.
- *Academic, Language, or Conceptual Problems as Potential Learning Disabilities:* Most definitions specify that academic problems (reading, writing, spelling, math), language problems (listening, speaking, writing), or conceptual problems (thinking, reasoning) can be manifestations of learning disabilities.
- *Other Conditions as Potential Learning Disabilities:* Some definitions identify difficulties with social skills, spatial orientation, or integration of motor abilities as learning disabilities. Controversy has persisted over the years concerning whether these problems should be defined as such (Myers & Hammill, 1990).
- *Coexisting or Excluded Disabilities:* Some definitions distinguish between primary and secondary disabilities (e.g., a learning disability may be defined as primary while a psychological disorder as secondary). Many adults with learning disabilities do have coexisting difficulties. Psychological problems may manifest themselves as social misperceptions or ongoing frustration with learning disabilities, health problems, or psychiatric disorders (Brinckerhoff, Shaw & McGuire, 1993, pp. 69-70).

Given the criteria above, Brinckerhoff, Shaw, and McGuire (1993) suggested the definition put forth by the National Joint Committee on Learning Disabilities (1988) is the "definition of choice at the postsecondary level." It was developed and ultimately endorsed by nine member organizations with a major inter-

est in learning disabilities, including the Association of Higher Education and Disability (AHEAD), the American Speech-Language-Hearing Association, the Council for Learning Disabilities, and the National Association of School Psychologists. Approximately 225,000 individuals constitute the combined memberships of the nine organizations. The National Joint Committee on Learning Disabilities (NJCLD) definition addresses many of the conceptual issues cited by Hammill's (1990) review in a way appropriate for adults:

> Learning disabilities [is] a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to a central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of those influences (NJCLD, 1988, p. 1).

If more postsecondary service providers adhered to this functional definition, higher education would not be faced with rampant over-identification and misidentification of adults with learning disabilities. Furthermore, all parties would benefit from the NJCLD definition being operationalized in a way that allows individuals with little formal training in learning disabilities to make clear decisions about eligibility. Brinckerhoff, Shaw, and McGuire (1993) proposed an operational definition that professionals in higher education settings can use to identify "significant discrepancies . . . intrinsic to the individual," and establish who is entitled to services under Section 504 of the Rehabilitation Act of 1973.

Bateman (1992), a respected leader in the field, recently noted that even after a quarter century of learning disability research some

professionals believe such disabilities do not exist. Student affairs professionals must be prepared to respond to these individuals. The following section provides a closer look at characteristics of students with learning disabilities who pursue college as a viable option after high school.

## Characteristics of College Students with Learning Disabilities

It is difficult to paint an accurate portrait of adults with learning disabilities because each is unique. One ethnographic study examined the lives of successful adults with learning disabilities to determine whether they shared any attributes that set them apart from their nondisabled peers (Gerber & Reiff, 1991). For their book, *Speaking for Themselves,* Gerber and Reiff (1991) interviewed nine successful adults and found they were persistent, goal-directed, creative, and able to reframe their disabilities as *abilities* rather than handicaps:

> These adults with learning disabilities may make the most significant statement through what they give to a world that didn't give them much of a chance. . . . The obstacles to success presented by learning disabilities would deter many of us. Instead they have found ways to accentuate their abilities and to compensate for their areas of weakness. We gain perspective on our own personal happiness from listening to these survivors who refuse to buckle to a negative outlook. They persevere with hopes and dreams. If they fail, it is our tragedy, as well as theirs. (p. 139)

In Figure 1, Brinckerhoff, Shaw, and McGuire (1993) illustrate the heterogeneity that is characteristic of students with learning disabilities in postsecondary settings. In addition to showing the range of strengths and weaknesses indicated by the term *learning disabilities*, the figure reveals the divergent ability levels for students in different higher education settings. The profile for a student with a learning disability attending an open-enrollment community college depicts average skills in math and reasoning, below-average skills in listening and reading, and significant defi-

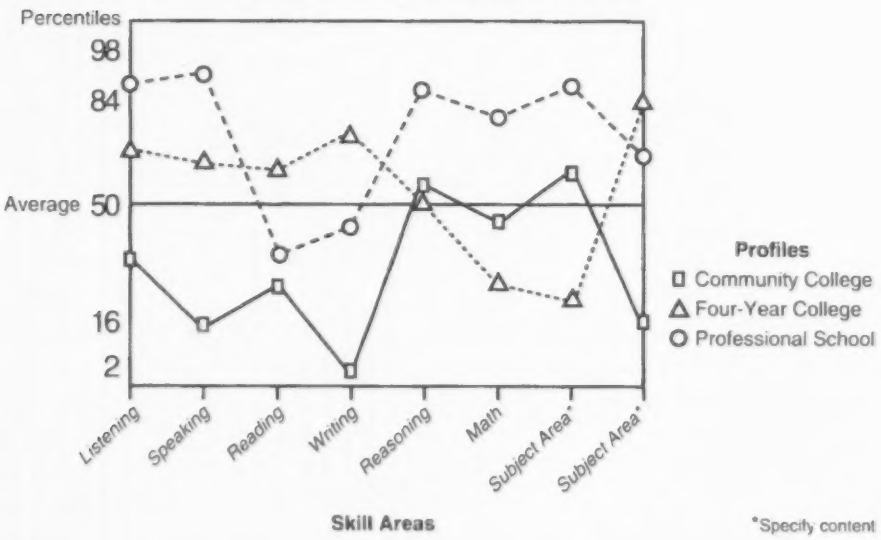
cits in writing and speaking. The profile for a student at a four-year college reveals below-average scores in math and a subject skill (Calculus) that are significantly discrepant from the student's average and above-average scores in all other skill areas. The profile for a student at a professional school shows average reading and writing scores that are significantly discrepant from all other scores, which are above-average or well-above-average.

## Diagnostic Considerations and Accommodation Planning

It is imperative that a service provider carefully review the diagnostic testing before a student with a documented learning disability receives appropriate accommodations or support services. The testing should evaluate whether the student has the intellectual or

*Figure 1*

**Learning Disability Profiles**




*From:* L.C. Brinckerhoff, S.F. Shaw, and J.M. McGuire, *Promoting Postsecondary Education for Students with Learning Disabilities: A Handbook for Practitioners*, Austin, TX: PRO-ED, 1993, p. 80. Reprinted with permission.

cognitive ability to perform college-level work successfully. Anderson (1992) identified this as a growing concern, particularly in open-admissions institutions where enrollment of students who are not "college-able" is increasing. Assessment should emphasize specific areas recognized as more problematic for adults with learning disabilities (Vogel, 1985). Two of the most critical are academic achievement and information processing. Vogel (1989) and Whyte, Kovach, and Vosahlo (1991) identified aspects in these areas that should typically be evaluated: (a) receptive and expressive oral and written language; (b) word-attach skills and reading comprehension, as well as reading rate; (c) mathematical reasoning and computation; (d) verbal and nonverbal concept formation; and (e) auditory and visual-processing abilities, including memory, sequencing speed, perception, and discrimination. Attention and motor skills should also be assessed, especially fine motor and coordination abilities. Evaluating a student's study skills and habits, as well as his or her motivation to pursue higher education, is of particular importance. Anderson (1993) also emphasized considering students' social and emotional development (e.g., social competence, communication skills, interpersonal relationships).

The completed diagnostic report should state clearly that an individual has a specific learning disability. Conditions described by terms such as *learning differences* or *learning styles* do not by themselves constitute a learning disability. In recommending support services, modifications, or accommodations, it is critical that diagnosticians specify the areas affected by the disability and support their conclusions with scores from the evaluation (Anderson & Brinckerhoff, 1989). It is not enough to simply list general areas of concern without providing suggestions for specific techniques that will allow a student to be successful in a postsecondary setting. Service providers should also remember that colleges and universities are obliged to provide "reasonable accommodations" and academic adjustments. Not every recommendation contained in a student's documentation need be implemented, unless it is supported by the diagnostic data.

The testing provided by a student should be current and confidential. Since assessment serves as the basis for determining reasonable accommodations, it is in students' best interest to provide

practitioners recent and appropriate documentation for decision making about accommodation needs in a college environment (McGuire, Anderson & Shaw, 1992). It should also be noted that students are often particularly sensitive about certain faculty members "discovering" they have a learning disability. The information therefore needs to be kept in a locked file cabinet in one location supervised by the LD director or contact person. Copies of the diagnostic report, or any part of it, should not be released to any other office or professor without the student's written permission.

Once the service provider has reviewed the testing with a student and that student can articulate his or her learning strengths and weaknesses in understandable terms, it is appropriate for the two of them to generate a list of academic adjustments that will enhance the potential for success. The list can then be used as a springboard for discussing the disability with faculty.

## Enhancing Access to Higher Education for Students with Learning Disabilities

Colleges and universities are charged with ensuring access to otherwise qualified individuals with disabilities in a nondiscriminatory manner under constructs specified in Subpart E of Section 504 and in the ADA. For those with specific learning disabilities, physical barriers constitute less of a challenge than programmatic and instructional barriers. The very nature of a learning disability — intrinsic to an individual and manifested through significant difficulties in listening, speaking, reading, writing, reasoning, or mathematical abilities (NJCLD, 1988) — can be construed as contradictory to the mission of higher education. Yet there are several ways student affairs professionals can comply with mandated legal requirements while fulfilling what Ern (1993) described as a working principle of student affairs — "a commitment . . . to expand the educational opportunities for persons with special challenges" (p. 441).

Student affairs professionals should be familiar with several adjustments that operationalize constructs of Section 504. Brinckerhoff, Shaw, and McGuire (1993) suggested two broad cat-

egories for implementing academic adjustments — program modifications and instructional modifications.

**Program Modifications**

Policy statements or guidelines often serve as the impetus for program modifications by delineating an institution's commitment to ensuring nondiscriminatory treatment of students with learning disabilities. Student affairs professionals can play a pivotal role in developing policies and procedures concerning campus access. Awareness of litigation, emerging case law, and rulings by the Office of Civil Rights are essential if student affairs professionals are to serve as catalysts for proactive planning. A strong commitment to fostering collaboration among key administrative personnel (e.g., deans, vice presidents, campus legal counsel) is also critical, since the process of establishing disability-related policies must incorporate input from a variety of campus constituencies.

As far as admission of students with disabilities is concerned, institutions must assure nondiscriminatory treatment when determining whether a student is "otherwise qualified," yet they are not required to substantially alter technical standards or programmatic components deemed essential to a course of study. This fine line is often confounded by the fact that certain criteria typically used in determining eligibility may not accurately reflect the potential of a student with a learning disability. For example, some students with learning disabilities score lower on standardized tests such as the SAT (Centra, 1986; Ragosta, 1986; Ragosta & Nemceff, 1982) and the ACT (Laing & Farmer, 1984). Section 504 also prohibits "preadmission inquiry as to whether an applicant for admission is a handicapped person" unless the institution "is taking remedial action to correct the effects of past discrimination . . . or . . . is taking voluntary action to overcome the effects of conditions that resulted in limited participation" (34 CFR 104.42[b][4], 104.42[c][l][2]).

Some institutions have developed alternative admissions procedures for students with disabilities that give less weight to standardized test scores (Brinckerhoff, Shaw & McGuire, 1993). Student affairs profesionals with training in learning disabilities

should be hired to respond to the continued growth of this cohort. A staff member may then advocate for a collaborative admission review process incorporating voluntarily submitted supplementary diagnostic material. Regardless of the process, institutions must be able to document nondiscriminatory treatment in the admissions decision-making process.

Modifying a plan of study by extending the period for degree completion is a programmatic adjustment stipulated in the regulations accompanying Section 504. It may allow a student to carry a reduced course load. On most campuses, full-time status is defined as at least 12 credits per semester. For students with learning disabilities who must often invest additional time in studying to offset the impact of disability (e.g., a slower reading rate), nine credits may be an appropriate course load. The adjustment can, however, affect enrollment status. Student affairs professionals should work closely with financial aid officers to assess the effect of part-time versus full-time enrollment on financial aid eligibility. If there are other institutional areas requiring full-time status, such as on-campus housing or access to sports facilities, residential life staff or other campus personnel should address adjustments to criteria.

A learning disability may also influence residential life arrangements. Some students require access to single rooms or a quiet hall due to high levels of distractibility and attention deficits. In such cases, an alternative living environment may constitute a reasonable accommodation. Students cannot be assessed additional fees for such accommodations.

Access may be enhanced through priority registration, especially for students who use tape-recorded textbooks (available from Recording for the Blind). Taped texts often require months of advance notice. Student affairs professionals can facilitate this process by providing early enrollment that assures the student a specific course, section, and instructor. Advance enrollment can allow time to process a request for tape-recording a book, which typically requires at least six weeks.

Finally, student affairs professionals should work collaboratively with academic affairs on course substitutions. Completing requirements in foreign language or mathematics may

pose undue hardship for some students with specific learning disabilities. Providing academic adjustments such as auxiliary aids (e.g., calculators or spell checkers) may give students the mechanisms they need to demonstrate mastery. Some alternative must be offered, however, when academic adjustments are not feasible. Policies and procedures should maintain a balance between "reasonable accommodation" and "otherwise qualified" while "not substantially altering technical standards."

**Instructional Considerations**

In addition to seeing that policies and procedures ensure equal educational opportunity for students with learning disabilities, student affairs professionals may wish to review the range of instructional modifications facilitated by their offices. Requests must be handled on a case-by-case basis and should be related to students' strengths and weaknesses, identified in their documentation (Anderson, 1993).

Among the most common instructional modifications are taped textbooks, which afford some students with learning disabilities access to printed material. Through Recording for the Blind (RFB), a national, volunteer, nonprofit organization, students can register to secure taped texts from its extensive library holdings. The registration process requires specific documentation, verified by a certified professional, substantiating the nature of the learning disability and its effect on reading. A one-time application fee ($37.50) is assessed. RFB also offers resources for taping any textbook not available through its holdings. Details about the application process, eligibility criteria, and directions for ordering and recording materials can be obtained by contacting RFB (see Appendix B).

In certain instances, tape recorded texts may not be available or a need for reading supplementary materials (e.g., journal articles) may arise. Some support offices use readers to meet such demands. In the interest of cost-efficiency and students' independence, however, it is prudent not to duplicate resources and support services.

Instruction encompasses various methods, including lectures, seminars, and labs. Information presented auditorially creates chal-

lenges for students who have difficulty with auditory processing, rate of writing, spelling, and handwriting. Note-taking assistance then constitutes a reasonable accommodation. Several effective methods for providing such assistance are volunteer note takers, access to an instructor's notes, and use of a tape recorder or laptop computer. Some note takers use carbonless paper available from the Rochester Institute of Technology (see Appendix B). Pressure sensitive paper that results in a duplicate set of notes allows the student to have a copy immediately following class. If a note-taking service is provided, note takers must be responsible and write legibly (Dalke, 1991). Regardless of the type of note-taking assistance offered, students should be encouraged to set specific goals leading to an increased level of independence. The process can be enhanced by getting students with learning disabilities to discuss their needs with faculty early in a semester.

Testing accommodations that provide extended time are often cited as among the most helpful adjustments for students with learning disabilities (Stewart, 1989). Extended time allows students the opportunity to compensate for slower processing of information and reading rate or difficulties in organizing thoughts and recalling facts. The standard recommendation for additional time is time-and-a-half, but each case must be evaluated individually. Other testing accommodations include a less distracting testing environment, a different test format (e.g., essay rather than multiple choice), use of technological aids (e.g., a computer with word processing and spell-check programs), and a reduction in the number of questions per page. King and Jarrow's (1990) *Testing Accommodations for Students with Disabilities* provides an in-depth analysis of accommodations and offers specific recommendations concerning eligibility determination, types of accommodations, and procedures for proctoring and assuring test security.

Finally, advances in technology are frequently viewed as the "great equalizers" for students with learning disabilities (Brinckerhoff, Shaw & McGuire, 1993). Given a definition that implies a central nervous system dysfunction (NJCLD, 1988) and impaired information processing in individuals with learning disabilities (Swanson, 1987, 1991), it is reasonable to believe interac-

tive multisensory resources possess great potential. Research in word processing suggests that technology does diminish frustration with the mechanical aspects of writing (Raskin & Scott, 1993) while contributing to a heightened sense of self-esteem (Collins, 1990).

Software that provides voice output via synthesized speech is another example of the multisensory nature of technology. Students can listen to words while simultaneously viewing them through a program entitled Sound Proof (HumanWare, 1992). Similarly, a Kurzweil Reading Machine (KRM) can convert printed materials to synthesized audio text using an optical scanning technique. Making such equipment available in a central location, such as a campus library, affords access to those who require its technology.

It is important to remain aware that learning disabilities manifest themselves in a variety of areas and in varying degrees of severity. The heterogeneous nature of the population requires support service personnel to address needs on a case-by-case basis. There should also be a connection between students' strengths and weaknesses and the types of reasonable accommodations and academic adjustments provided. Postsecondary institutions will differ in their approaches to service delivery. But the task remains to ensure programmatic and instructional accommodations through both academic and student services so that students with learning disabilities have equal access to higher education.

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*CHAPTER SIX*

# PSYCHOLOGICAL DISABILITIES

J. TREY DUFFY

According to the Office of Vocational Rehabilitation, students with psychological disabilities comprise the second largest group of applicants with disabilities, constituting 17 percent of this population (Office of Technology Assessment, 1994). The definition of psychological disability serves as the foundation for discussing attitudes and perceptions. This chapter outlines how to provide services based on documentation and reasonable accommodations relative to current campus access, in addition to presenting a model for evaluating existing support services. In rare instances, accommodations may not be successful, so alternatives such as medical withdrawals and student disciplinary proceedings are explored as well.

## DEFINITIONS

The Americans with Disabilities Act (ADA) of 1990 mandates that individuals with disabilities be treated equitably. Psychological disabilities are among those covered by the law, yet a consistent definition of psychological disability has yet to be codified. The following is recommended:

A psychological disability is as any persistent psychological or psychiatric disorder or emotional or mental illness resulting in impairment of educational, social, or vocational functioning as reported by a mental health professional, based on a diagnosis from the American Psychiatric Association's (1987) *Diagnostic and Statistical Manual of Mental Disorders* (3rd. ed., revised [DSM III-R]), or succeeding equivalent editions.

Examples of psychological disability include schizophrenia, manic depression, personality disorders, post-traumatic stress disorders, anxiety disorders, delusional disorders, and eating disorders. The following conditions have been specifically excluded from coverage under the ADA: transvestitism, transsexualism, pedophilia, voyeurism, gender identity disorders, compulsive gambling, kleptomania, pyromania, or disorders resulting from illegal use of drugs.

Although diagnosed with a psychological disability, an individual's functioning may be extremely variable relative to medication, stress, or factors associated with the disability. Furthermore, it should be noted that the mere existence of a diagnosis does not constitute a disability unless the condition "substantially limits one or more of the major life activities" (Office of Technology Assessment, 1994). Classification should therefore be conducted according to a diagnosis *and* the limitation(s) imposed. The World Health Organization (WHO) developed a definition of disability based on a four-tiered classification system: disease, impairment, disability, and handicap. Initially, disease refers only to the existence of pathology, while impairment includes loss of psychological function. Disability results from impairment and a handicap limits or prevents an individual from functioning in society (Office of Technology Assessment, 1994).

While specific diagnoses can be based on the DSM-III (revised) definition, controversy about appropriate terminology remains. Various constituencies support the terms *mental illness, psychiatric disability,* or *psychological disability.* Convincing and legitimate evidence exists for using all three, but this chapter refers to *psychological disability.* While use of the appropriate ter-

minology is important (Van Meer, 1993), it is more important that an individual with a psychological disability *first* be accorded respect as a person.

## Attitudinal Barriers

A psychological disability is often devitalizing, leaving an individual feeling condemned and isolated from the mainstream of daily life. Attaining a sense of independence becomes a significant struggle. While independence is often achieved through education, access to postsecondary opportunities continues to be a problem for those with psychological disabilities. Several factors contribute to limited access, negative attitudes being among the most difficult to address.

Unger (1992) cited three attitudinal barriers that have a direct impact on providing services to students with psychological disabilities. First, due to a general lack of awareness and understanding, people in our society often react fearfully to those perceived to have a psychological disability. Their reactions may result from limited exposure to severely affected individuals or media-embellished incidents portraying those with psychological disabilities as violent. Widely publicized and often sensationalized events can contribute to an increasing number of myths. While some believe people with psychological disabilities are dangerous, realistically, Teplin (1985) found they do not commit more crimes or act more violently than the general population.

Second, student affairs professionals may experience frustration due to a perceived lack of knowledge about how to serve students with psychological disabilities effectively (Unger, 1992). Even though many campuses have had limited exposure to the needs of such students, increased knowledge of appropriate services will reduce uncertainty about providing them and committing the time necessary to assess needs. As student affairs professionals continue to work with these students, efficient offerings will ultimately reduce the amount of time required to assess and provide services.

Finally, some fear that serving those with psychological disabilities will result in an escalating enrollment of such students (Unger, 1992). Many local mental health agencies are underfunded and overburdened and may view postsecondary programs as an attractive placement option. Some individuals will pursue postsecondary options, but it is unlikely that unqualified students will enroll in increasing proportions.

These attitudes are among the numerous myths and misperceptions that can pervade a campus community. They can be mitigated through staff development programs designed to convey accurate information. Providing the facts will aid understanding and ultimately reduce attitudinal barriers, thereby improving services to those who need them.

## Documentation and Confidentiality

Institutions have the right to require verification of a disability when a student requests an accommodation. Black (1992) supported a university's right to request documentation, based on the need to establish eligibility through the "qualified" clause of the ADA. He indicated, further, that the information is essential to determining an "appropriate" accommodation.

Documentation must be handled with the utmost attention to confidentiality since psychological disability is regarded as a "hidden disability." Jarrow (1992) recommended that documentation be centralized in one unit designated for the purpose. A campus Office for Students with Disabilities (OSD) is a practical location. If such an office does not exist, a valid alternative would be to designate an individual or office within student affairs (e.g., Dean of Students, Counseling). Documentation of a disability, particularly a psychological disability, should not become part of a student's educational record. Transferring information pertaining to a disability is governed by the Family and Educational Rights and Privacy Act (FERPA), as well as any relevant state statutes. The need for sharing information between a university's designee (e.g., OSD) and other university personnel (e.g., faculty) should be examined scrupulously. Sometimes, faculty or staff's "need to

know" is based more on curiosity than necessity. In any event, students should sign a "release of information" statement prior to any consultation with faculty or staff.

It is incumbent upon students to provide documentation relative to psychological disabilities and to request services. After a student initiates a request, the campus designee can respond to his or her needs by providing reasonable accommodations. Responses must be individualized and may be addressed through a three-stage process that includes intake, assessment, and provision.

## Reasonable Accommodations

Providing accommodations should be an individualized process, beginning with an intake interview. The student actively engages in the request for services, the intake interview, and the accommodation procedure. The intake provides a basis for determining appropriate academic accommodations or services. The purpose of the first meeting is to obtain information relative to the student's disability. Students should be encouraged to express their needs and identify accommodations that will assist them in achieving their goals. The second step or assessment stage involves evaluating the student's disability and request for accommodations against the academic rigors of a course or program. The law does not impose any requirement on educational institutions to lower standards to accommodate an individual with a disability, so universities need not make modifications that would compromise or fundamentally alter the "essential nature" of a program (Vocational Rehabilitation Act of 1973, Section 504). Ultimately, services must be provided on an individualized basis, while maintaining academic integrity through the assessment process.

A reasonable accommodation is a modification or adjustment to the environment that provides equal access to individuals with disabilities. An accommodation simply removes a barrier to participation. Services (e.g., note taking, interpreting), adaptive materials (e.g., print, braille, audiotape), and alterations to policy and procedures (e.g., course substitutions, extended time to complete assignments or degrees) are representative of accommodations pro-

vided on college campuses throughout the country (Jarrow, 1992).

The following conventional accommodations are suggested for individuals with psychological disabilities (Unger, 1991):

- Orientation assistance
- Course selection assistance
- Alternative testing (extended time, distraction-free room)
- Note takers, readers, tape recorders
- Seating modification
- Allowing beverages in class
- Peer support
- Late withdrawals or incompletes
- Time management/organization development
- Disability-related counseling
- Special topic courses (e.g., college survival, career exploration, personal psychology)

A college or university must seek suitable means for accommodating individuals and maintain a factual record of having done so. Records should also contain undisputed facts demonstrating that institution officials considered alternatives, feasibility, cost, and effect on academic programs. From such information, a rationally justifiable decision can be made and implemented.

The accommodations listed above reflect Unger's (1992) educational support model, which fully integrates students into the university community. In the model, students with psychological disabilities receive services from various university support programs, perhaps including the Office of Students with Disabilities, Counseling, and Learning Centers. Ultimately, providing services through intake, assessment, and accommodation meets the legal requirement set forth by the ADA, but it also offers students a realistic postsecondary experience.

## Evaluating Campus Access

Pavela (1989a) recommended that colleges and universities consider the following questions when attempting to assess the cam-

pus environment:

- Are university administrators aware that a psychological disability is classified as a disability and therefore protected under antidiscrimination laws such as the Americans with Disabilities Act?
- Is there a process for identifying, assessing, and providing reasonable accommodations to students with psychological disabilities?
- Are professional counseling services available to students and are students informed of such services?
- Is there a mechanism for responding to mental health crises?
- Are university personnel (e.g., counselors, deans of administration) informed about campus policies and referrals?
- Are faculty and staff provided in-service training on responding to students with psychological issues?
- Are faculty and staff aware of legal obligations pertaining to confidentiality and the provisions of the Family Educational Rights and Privacy Act (FERPA)?
- Is there a clearly stated student code of conduct and are students, faculty, and staff informed about it?
- Is there a clearly defined due process system and is it communicated to students?
- Is there a policy for notifying parents in mental health emergencies? Is there a policy for medical withdrawals that acknowledges mental health crises?

These questions serve only as a guide for developing a comprehensive system for meeting the needs of students with psychological disabilities. Responses to the questions depend on the unique characteristics of individual campuses. Clarifying roles and responsibilities will help administrators serve students by providing services in a consistent manner.

Regardless of the chosen response, each college or university should address: (a) the role of the institution — identifying personnel, policies, and procedures for responding to students with psychological disabilities; (b) the elimination of obstacles; (c) the

provision of services and accommodations; and (d) the implementation of an appropriate student code of conduct (Pavela, 1989a).

## Misconduct, Medical Withdrawals, and the Disciplinary Process

Few students with psychological disabilities exhibit behaviors requiring use of the disciplinary process. In some cases, though, students' behavior may be perceived as disruptive. The complicating factor is whether the student should be processed through the usual disciplinary procedures regardless of disability.

Pavela (1985, 1989a) supported the position that students with psychological disabilities be held accountable for their behaviors and susceptible to the disciplinary process. A medical withdrawal should occur only in the rarest of circumstances, unless the student was unaware of the inappropriateness of his or her behavior (e.g., an insanity plea). Prior to discharging a student through medical withdrawal, the university must undertake a prudent investigation to determine whether the student exhibited behaviors unacceptable to established university standards for student conduct. To do so, it must first have a viable and practical student code of conduct authorized and implemented.

Pavela (1989b) suggested that relying on the standard university discipline system is preferable to a medical withdrawal because the campus code of conduct offers guidelines for appropriate student behavior. Those guidelines must not be based on assumptions, stereotypes, or myths associated with mental disorders (Discala, Olswang & Niccolls, 1992); rather, they must offer definitions of appropriate behavior for *all* students regardless of their status. Consistent application of the student code of conduct will therefore serve students with or without psychological disabilities.

## Conclusion

As a result of legislation, deinstitutionalization, effective psychotropic medications, and supportive community and family environments, people with psychological disabilities can now participate in postsecondary education with an increased potential for success. Yet they often encounter a deterrent unfamiliar to the typical college student: a campus imbued with misconceptions, prejudice, anxiety, apprehension, and alarm about who they are and how they will behave. Student affairs professionals act as the nexus for these students within the academic community. Providing opportunities for students with psychological disabilities will help meet both the spirit and letter of a law designed to grant equality to an oppressed minority.

This chapter identifies for administrators both general information and one specific model designed to meet the needs of students with psychological disabilities. Additionally, it offers a mechanism for promoting discussion that may ultimately lead to improved services. Providing services to students with psychological disabilities is a legal mandate. Providing those services with sensitivity and respect is an ethical responsibility.

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*CHAPTER SEVEN*

# EFFECTIVE DISABILITY SUPPORT SERVICE PROGRAMS

JANE THIERFELD BROWN

*If the goals of educational diversity and equality are to be achieved, then colleges and universities must implement measures to assure integrated governing boards, faculties, staffs, and student bodies within which minorities, women, and disabled persons are able to enjoy full and equal participation in all aspects of institutional life (ACE, 1984, p. 3).*

In 1984, the American Council on Education (ACE) published *Self-regulation Initiatives and Guidelines for Colleges and Universities,* which emphasized focusing on diversity within the campus community. That goal is the essence of the Americans with Disabilities Act (ADA) of 1990. Section 504 of the Rehabilitation Act of 1973 and the ADA have been the impetus behind a renewed focus on diversity issues, specifically those addressing individuals with disabilities. Although some campuses have yet to meet the legal mandates or guidelines set forth, many have embraced the spirit of the law. In response to suggestions, and to an

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increasing number of students with disabilities pursuing postsecondary options, the quantity and quality of programs for these students have grown. While this is encouraging, improvements can be facilitated by examining model programs.

## Components of an Effective Program

This chapter examines the components of effective Disability Support Service (DSS) programs. It should be noted, however, that programs reflect the specific campus communities from which they evolve. There is no perfect program for every campus. Specific services, or program components, may meet the individual needs of campus communities in a variety of ways. The recommendations offered in this chapter are only guidelines for developing either components or entire programs that meet the needs of students and, ultimately, the requirements of the ADA.

### Institutional Commitment

As with the commitment to diversity in general, an institutional commitment to serving students with disabilities must emanate from the highest levels of the administrative hierarchy. Attitudes toward individuals with disabilities can be influenced by policies, procedures, and initiatives supported by both academic and student affairs divisions.

A complete review of existing policies and procedures with respect to terminology applied to individuals with disabilities is a useful first step in strengthening institutional support. The documents should also be reviewed for adherence to nondiscriminatory practices. Including positive portrayals of those with disabilities would also show institutional commitment. Along with fostering a sense of respect, special attention should be given to assisting, rather than providing for, those with disabilities.

Reviewing these documents is often an overwhelming task, which underscores the importance of receiving support from the highest administrative levels. That support is often evident in presi-

dential committee appointments, especially for committees formed specifically to address disability issues. Commitment to individuals with disabilities must also exist with the division of student affairs. Services for these students can be offered through a specifically designated centralized office, through an office for diversity, or simply on an individual basis. In each case, providing services requires collaboration between several student affairs units.

Students often prioritize their academic and living needs; residential accommodations assume primary importance for those with disabilities. Residential campuses must be particularly sensitive to such housing accommodations. The division of residential life can have a substantial impact on a student's choice of institutions and, ultimately, on the transition to campus living. Students with mobility impairments, visual impairments, hearing impairments, and learning disabilities may all require some level of accommodation It is important to inquire about their needs at the earliest possible opportunity. An institution demonstrates its commitment by addressing accommodations early, and providing access in a timely fashion.

In addition to physical access, the training of residential life staff can be critical to a successful living experience. Diversity is among the issues to address in the standard in-service training program, specifically that of disability. A short awareness exercise may provide the impetus for informing resident assistants that students with disabilities may live in their halls. The program can also educate staff about empathy and the respectful treatment of those with disabilities. Students seeking a positive living environment expect to be treated with respect, so it is important that staff remember to ask before providing assistance.

For institutions without residential facilities, the campus experience is equally important. Accessibility to the student union, or similar student meeting facilities, is critical to a complete campus experience. It is also important to ensure access to activities planned for off-campus sites. Again, commitment is demonstrated by a proactive approach. Advertising for programs or events should include an invitation to notify the sponsoring group or office of any special accommodation needs.

Students often rely on financial aid in the form of grants, part-time employment, loans, or scholarships. A significant number of students with disabilities also qualify for state-supported grants provided by the government vocational rehabilitation program. The intricacies of specialized needs can be complex and are important for a financial aid department. Staff can expect deviations from the standard financial aid package due to the special circumstances of those who are clients of vocational rehabilitation and/or who use personal care attendants. Students should be given the opportunity to present special circumstances related to their disabilities that might affect the calculation of eligibility for their package. Ideally, all financial aid staff have at least a working knowledge of related disability needs. It may, however, be appropriate to designate a single staff member intimate with specific disability issues to work with these students.

Student life and financial aid are only two examples of units within student affairs that can demonstrate sensitivity to the needs of individuals with disabilities. A divisionwide effort to educate all staff will reflect commitment to the goal of diversity, a goal mirrored in the Student Personnel Point of View (ACE, 1986a, 1986b), which emphasizes an institutional commitment to serving the whole student rather than focusing only on a student's disability. Modeling through example may then influence the larger campus community to commit itself to diversity as well.

Finally, an institutional committee composed of staff, faculty, and students from the larger campus community can help strengthen commitment to disability issues. The greater the number of people involved in setting policy and creating change, the more likely change will be accepted and incorporated into campus life. The University of Rhode Island implements this concept through six committees: facilities, adaptive technologies, communication technologies, library access, recreation access, and housing and dining. Each committee consists of two faculty, two students, and one or two staff members. The committees' primary responsibility is to prioritize funding for access to these respective areas.

**Providing Service**

*Support Services.* References to support services for students with disabilities appear throughout this monograph. A basic core of services must be minimally available in order to fulfill the requirements set forth by Section 504 and the ADA. HEATH (1993a, 1993b) compiled the following list of requisite services:

- note takers
- scribes
- taped texts
- readers
- test accommodations
- assistance with registration
- taped lectures
- interpreters
- lab and library aids
- access to technology

While the list is not exhaustive (individual assessments may call for specific, unique services), it does represent the most frequently offered services. Dalke (1991) provides a comprehensive resource for those implementing services and academic accommodations.

In addition to the required minimal services, some institutions have offered the following specialized tutorial and study skills:

*Tutorial Services*

- professional tutors
- volunteer tutors
- peer tutors
- mentors

*Study Skills Instruction*

- study skills workshops and courses
- small group study sessions
- study guides*
- color coding texts*
- index cards*
- by-pass skills (remediation instead of compensation)*

**These are extensive remediation services.*

Tutorial and study skills intervention programs are not required, but many institutions include them as integral components of a more comprehensive approach. Providing one-on-one support is often viewed as a necessary transition aid, enabling individuals functioning at various developmental levels to become more fully integrated into the campus community. The goal of support programs, then, is to implement services that become transparent to the individuals who use them.

*Decentralized Services.* The commitment to diversity extends beyond a single office devoted to meeting the needs of a specific minority group on campus. Campus support services such as financial aid, student activities, and counseling work together to meet the needs of all students. Similarly, a trend toward decentralized services, emerging over the past decade, uses existing campus resources to build a comprehensive program. Liska, McCarthy, and Campbell (1994), for example, used a testing program already in place to implement a specialized testing option for students with disabilities: the Office of Disabled Student Services determined the disability and verified necessary accommodations, but the testing was conducted by the university testing service. In the model, existing institutional resources were modified to serve students with disabilities through a coordinated effort initiated by a centralized designated office or student affairs support staff.

Support for this kind of practice may need to be garnered from both academic and student affairs divisions. Duffy (1991) described this approach as "decentralizing services when appropriate; the focus shifts from direct service provider/jack-of-all-trades to coordinator of resources (for the students) and trainer of university personnel (on disability issues)" (p. 26). Harris (1984) referred to his "staff of 2,500," the approximate number of faculty and staff on the Ball State University campus:

> One of the most important functions of the disability service providers is to act as facilitator and training-agent for the faculty and staff (and the student body). We need to help *those* individuals assume their rightful responsibility and opportunity to serve disabled students just as they do any other student. If the student becomes overly dependent on

> our office and does not learn to deal with the bureaucracy . . . then we have done the student a disservice. Moreover, the message that we may give to faculty, staff, and professionals when we indicate that "we'll take over for this student" or "we'll handle this for/with the student" says that perhaps that disabled student is not adequate to the task. We end up reinforcing the very stereotypes we are trying to eradicate! (p. 13)

*Service Provider.* An effective service provider, advocate, or facilitator can be crucial to the success of a program or services. Student affairs professionals acting as coordinators, directors, or advocates for students with disabilities have had various kinds of training and education. The Association on Higher Education and Disability (AHEAD, 1993) surveyed its service provider members and found that 64 percent of the respondents possessed master's degrees, the majority obtained in education, counseling, and rehabilitation counseling. Advanced degree programs specifically designed to train for these positions have only recently been explored by a few institutions. While a standardized set of qualifications has not yet been clarified, the Council for the Advancement of Standards (1986) emphasizes that its mission can only "be accomplished through direct assistance to disabled students, encouragement of their independence, creation and maintenance of an accessible physical environment, and the provision of a supportive psychological environment so students may achieve their educational objectives" (p. 39). Furthermore, the CAS guidelines describe three areas of professional responsibilities related to helping students with disabilities accomplish their educational, personal, and social goals: (a) developing and implementing programs and services, (b) consulting with faculty and staff on matters of reasonable accommodation, and (c) advocating an improved quality of life for students with disabilities.

Regardless of the formal training criteria, a service provider must posses the ability to empower rather than rescue students. Empowerment means educating or assisting an individual to acquire ability independent of future assistance. Page (1993) described her experiences with empowerment: "All this takes more

time, staff, and money . . . . It's more risky because there is always the chance that students won't use the techniques they have learned, that [the techniques] won't work, or that they will fail. But blind students have a right to fail and a right to learn and a right to become fully functioning blind citizens of the twenty-first century" (p. 3). An effective service provider will remember this and focus on teaching students how to function independently. Independence on campus can then later be transferred to independent functioning in the employment arena, and ultimately in a larger community. Perhaps Harris (1984) best summarized the philosophy:

> If we really, truly believe that one of our goals is to promote independence and dignity, that only comes about from folks doing the maximum for themselves. . . . Ask yourself, "Who is it that is being served?" when we get into that rescuing mode. Certainly, the rescuer can feel good and maybe earn a little pat on the back. It is quick, you can feel good about it, and there are some "warm fuzzies" involved as part of the equation. Empowering takes time and may be accompanied by unpleasantness. For students who are used to having somebody do *for* them, they may not welcome the change when you challenge that scheme and suggest that they may be able to do some things for themselves. They may react by viewing you as having let them down and may no longer see you or your office as a place that they can come for assistance. After all, on most campuses, there are other offices that they can go to where the folks, in fact, *will* be rescuers. (p. 8)

Effective service providers must balance their roles as both advocate for an individual with a disability and intermediary for the college or university. In a case where a student alleges discrimination by a faculty member, for example, the service provider must inform the student of his or her rights and facilitate an appropriate grievance procedure, as well as educate the faculty member about reasonable accommodations or discriminatory behaviors.

Successful service providers are also versatile, often acting as administrators, rehabilitation counselors, advisors, tutors, facilita-

tors, building consultants, or mobility guides. Additionally, they must frequently possess strong counseling skills; keep current on information about legal issues and local, regional, and national resources; and be able to mediate effectively within the larger campus community.

*Faculty Training.* Faculty training can present a formidable challenge. Among the responsibilities assigned to faculty are that they conduct research, provide instruction, and contribute to the local community. Establishing priorities for these competing tasks means making decisions about the most effective use of their time. Given such demands, convincing faculty to attend an optional seminar may be difficult. Creative formats for providing information must therefore be explored. In many cases, it is appropriate and preferable to provide information upon a faculty member's request. It may also be possible to give a brief presentation during an already scheduled faculty meeting. In either case, service providers must recognize faculty constraints and work to maintain positive relationships with the academic community.

The following may prove useful when working with faculty:

- Obtain faculty feedback and listen to their needs. This can be accomplished through observation or interaction on matters related to serving students with disabilities. The information can be useful if a department invites the service provider to give in-service training. Short questionnaires addressed to faculty who have worked with the office for services to students with disabilities can also be used to gather information.
- Provide information to faculty members who currently have students with disabilities enrolled in their classes. Information presented in timely fashion is most useful and may stimulate interest in advocacy.
- Support faculty involvement. Policies and procedures often affect the issue of academic freedom. Creating a partnership when developing policies will enable service providers to be more effective when implementing curricular or academic accommodations.
- Enlist the support of faculty who have previously shown a commitment to students with disabilities. A faculty advo-

cate can often intercede with another faculty member in making an accommodation.

- Provide accessible printed materials to faculty who request the information. A faculty guide to working with students with disabilities is often useful both as a training guide and a reference resource.
- Establish academic integrity as a priority. A service provider must earn the trust of faculty members and academic departments in order to facilitate academic accommodations. It is important to be aware of legal mandates and current litigation that might affect an accommodation. A knowledgeable service provider can then balance the needs of a student against academic integrity and offer current information to faculty members who might otherwise challenge the recommendation.
- Provide faculty with a sample statement that might be included on their syllabi. For example: *If you have a documented disability that requires an accommodation, please notify within the first week of the semester.*

*Counseling and Advising.* The extent of academic advising and counseling assigned to a service provider will vary between institutions. Some maintain a separate academic advising center. Others designate one advisor as a disability specialist. In either case, an individual knowledgeable about disability-related issues should be available to advise about course load and other disability concerns.

The amount of counseling available will also vary between institutions. If a program offers personal counseling, students are often referred to the counseling center for their personal needs. In some instances, a student will present an issue that is both personal and related to a disability. An effective response depends on the service provider's qualifications and the institution's guidelines.

## Summary

A significant percentage of professionals responsible for services to students with disabilities maintain multiple assignments (Connecticut Department of Higher Education, 1991; Harris, 1986). The components of a model program listed above therefore lend themselves to partial implementation. Programs using most or all of the components are typically the outgrowth of an office designated to serve the needs of students with disabilities, usually staffed by several student affairs professionals. A program with three full-time professionals plus support personnel can do much more than one person with a full caseload of clients in both the counseling center and a DSS program. Thus, it is important that programs and professionals accomplish what is possible, recognizing the priority is to meet students' needs. Most institutions have limited funding and human resources, so program components must be endemic to specific campuses.

Programs with auxiliary resources can extend beyond the basics to include components especially attractive to students. Examples include adapted physical education and recreation programs such as wheelchair basketball, quad rugby, adapted swimming, and specialized skiing. Exemplary programs that support adapted physical education and sporting teams include the University of Wisconsin-Whitewater, the University of Illinois-Champagne/Urbana, and the University of Arizona.

What constitutes an effective program for students with disabilities? Any set of services depends on the needs and dynamics of individual campuses, the populations served, and the leadership of service providers. There is no single way to provide services. Legal mandates simply supply a framework from which to develop programs and services that will meet the needs of individual campus communities as well as the overall commitment to diversity.

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*Chapter Eight*

# Integrated Career Development Services for College Students with Disabilities

## *From Theory to Practice*

Phillip D. Rumrill, Jr., and Suzanne E. Gordon

With the guidance of federal initiatives and a growing societal commitment to the concerns of individuals with disabilities, American colleges and universities have taken tremendous strides over the past two decades to promote access and opportunity for students with disabilities. Perhaps the most significant catalyst for this encouraging trend has been the Americans with Disabilities Act of 1990. Enacting and implementing this major civil rights statute increased disability awareness and led to wholesale reductions (in size and number) of attitudinal and architectural barriers that had previously impeded college students with disabilities.

Research documents the movement toward improved physical and program access on campuses nationwide (Johnson & Rubin, 1986; Marion & Iovacchini, 1983; Serebrini, Rumrill, Mullins & Gordon, 1994). The Association on Higher Education and Disability (AHEAD) has taken a leadership role in training and disseminating information for student affairs professionals. Improved

access is especially important in light of the Harris poll finding that a person with a disability who completes a four-year college degree is four times more likely to be employed than a person with a disability who never attends college (Harris & Associates, 1986).

Although Harris's (1986) statistics from within the disability community underscore higher education's role in career development for persons with disabilities, comparisons with nondisabled students still find students with disabilities at a decided disadvantage. Johnson and Rubin (1986) reported a higher dropout rate for those with disabilities than for other students. Even the students with disabilities who graduated were unemployed at a rate (48 percent) more than twice that of nondisabled students (21 percent). Students with disabilities are gravely concerned about these bleak career prospects. In a survey of 1,448 such students from 39 states, Schriner and Roessler (1990) found two career-related issues among the top five concerns identified by respondents. Gallaudet University students cited four career-related problems in their top five concerns (Schriner & Roessler, 1991).

As institutions continue to improve accessibility and accommodations for students with disabilities, they must view postsecondary education as a career development experience. Accordingly, they must develop effective and integrated career services for students with disabilities whose needs are not fully met simply by improved access to programs. In this chapter, we present a theoretical rationale for integrated career development services and practical programming guidelines to meet the specific needs of students with disabilities.

## Career Development Via Empowerment

### *A Theoretical Framework*

The concept of career development applies to people with disabilities just as it does to the general population (Roessler & Greenwood, 1987). Career development is increasingly conceptualized

as a lifespan development process through which people decide on, prepare for, engage in, and disengage from work (Super, 1983). Unfortunately, people with disabilities continue to encounter significant obstacles along the career development path (National Council on the Handicapped, 1986). The barriers can be both physical and attitudinal, and they exist at all levels of society (Getzels, 1968).

**Disability-related Barriers to Career Development**

The deleterious effect of disability on career development is borne in the commonly cited 60-70 percent unemployment rate among adults with disabilities in the United States (Roessler & Schriner, 1991). Barriers contributing to this troubling statistic include employer resistance and discrimination (Greenwood & Johnson, 1987; Harris & Associates, 1986); employer perceptions that insufficient numbers of qualified applicants with disabilities are available (Ruffner, 1981); and economic conditions. Stated unscientifically, employers are generally less than enthusiastic about employing persons with disabilities. After an extensive review of research on employer concerns about employees with disabilities, Greenwood and Johnson (1987) concluded:

> Disability raises doubts in the minds of many employers, and stereotypes continue to exist in spite of the efforts of rehabilitation organizations and advocates. . . . Unfortunately, the literature reveals that many employers have doubts about the ability of [people] with disabilities to be productive, particularly if they have emotional or mental disabilities. Continued intensive advocacy, education, and job development and placement initiatives are required to facilitate the employment of workers with disabilities (pp. 43-44).

Another barrier is the impact of disability on individuals. A person with a disability faces both normal developmental tasks and challenges created by disability (Vondracek, Lerner & Schulenberg, 1986). For example, disability may impair one's work potential by (a) limiting abilities and aptitudes required for some jobs, (b) evoking negative and aversive feelings among employers

and coworkers, and (c) altering the development of one's work personality by blocking opportunities to learn the role of the worker, thereby providing desocializing experiences (Neff, 1985). For individuals with congenital or childhood-onset disabilities, such socialization problems often inhibit the career development process before it even begins.

## Empowerment

### *The Key to Integrated Career Development Services*

The interaction between individuals with a disability and their environment calls for dual focus when developing integrated career services. First, institutions must empower students to make informed career decisions and assume responsibility for their career development. Second, administrators, service providers, faculty, and employers must provide integrated and accessible career development and empowerment opportunities.

Empowerment is an integral aspect of any helping profession (Rappaport, 1985). A commitment to empowerment means service providers encourage students to set their own goals, develop their action plans, and monitor their own outcomes. In so doing, they reinforce the development of cognitions, motivations, and behavioral changes that reflect personal control, self-efficacy, and self-esteem. The empowerment philosophy is critical to assisting students with disabilities because disability and its accompanying limitations often result in diminished personal control (Belgrave & Washington, 1986; Hood & Downs, 1985; Livneh, 1986). Accordingly, student affairs professionals must provide services and accommodations designed to empower students to achieve their life and career goals after graduation. In the sections to follow, we describe a comprehensive service plan imbued with empowerment philosophy and career development theory as means of preparing students with disabilities for competitive careers.

## From Theory to Practice

Integrated career development services for students with disabilities require coordination and implementation on the part of existing institutional agencies and departments. The process must begin early in a student's college career and continue through graduation. The following descriptions of career-related services at the University of Arkansas encompass a wide range of programs designed to meet specific career development objectives for students with disabilities.

### Summer Transition Program for Incoming Freshmen with Disabilities

Practitioners believe students with disabilities require more support than their nondisabled peers during adolescent and college years. Although school-to-work transition programs coordinate educational and vocational rehabilitation services, the transition initiative has not yet been fully applied to higher education. Disappointingly few colleges and universities have instituted transition services for students with disabilities (Serebrini et al., 1994).

The University of Arkansas sponsors an intensive summer program for high-achieving prefreshmen with disabilities. High achievement is defined by a 3.0 or higher grade-point average and/or a composite American College Testing (ACT) Program score of 22 or higher. The program facilitates the transition to college and promotes academic excellence. Program activities cluster into three major categories: psychosocial adjustment, academic development, and university and community orientation. Students receive academic and personal counseling, enroll in six hours of college credit, and participate in a wide range of social and recreational activities.

Components for each of the three program categories include:

*Psychosocial Adjustment*

- identification of individual transition needs
- goal setting and attainment

- career exploration
- problem-solving activities
- communication and socialization seminars

*Academic Development*
- review and assessment of students' academic histories
- writing consultation
- tutoring
- individualized educational evaluations
- personalized assistive technology training
- examination accommodations
- technical assistance to faculty and university staff

*University and Community Orientation*
- campus resources seminar
- peer perspectives on the college experience
- recreational activities in the community
- new student orientation

By providing a summer transition experience for incoming students with disabilities, the university employs a proactive approach to integrated career development. The program maximizes students' chances for success in their academic curricula, thereby preparing them for competitive careers after graduation.

**Assistive Technology**

As technological advances continue to mitigate the functional effects of disability, students with disabilities must be exposed to devices that can enhance their independence during and after college. The Department of Health Sciences at the university offers an assistive technology course for students with or without disabilities who want to learn about technological accommodations for persons with functional limitations. The 3-credit-hour course features overviews of each major disability type, followed by discussions on the specific technologies available to assist these populations. Special education, rehabilitation, and independent living

professionals conduct guest lectures and provide excellent resource information. Students also have the opportunity to visit technology assistance centers in the community for hands-on demonstrations of adaptive equipment.

**Self-advocacy Training**

Recent federal initiatives demonstrate a strong commitment to involving people with disabilities in the policies and programs implemented to benefit them. The Americans with Disabilities Act of 1990 strongly emphasizes consumer initiation in its sweeping civil rights provisions (Roessler & Rumrill, 1993), and the 1992 reauthorization of the Rehabilitation Act of 1973 requires the vocational rehabilitation system to more actively include clients in case planning and service delivery (Rumrill & Roessler, 1993).

To participate fully in this growing consumer-involvement orientation, college students with disabilities must develop effective self-advocacy skills. Project Career (Department of Rehabilitation Education and Research) offers individual and group self-advocacy training, enabling students to develop effective and generalizable communication strategies. The training employs a behavioral format, incorporating such techniques as modeling, rehearsal, role-playing, and feedback; its criterion-based approach presents four specific situations that require self-advocacy: (a) disclosing one's disability and accommodation needs to an instructor, (b) managing academic accommodations provided by the service office for students with disabilities, (c) seeking and securing employment after graduation, and (d) maintaining and advancing in one's job after initial placement.

**Disability Issues Training**

Effective and integrated career development services for students with disabilities require an informed faculty, staff, and administration. The requirements and intentions of disability laws such as Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 have reduced programmatic and ar-

chitectural barriers within higher education (Rumrill, Gordon & Roessler, 1993). But there is still a need to address the attitudinal barriers and limited knowledge that persist on college and university campuses.

The University of Arkansas developed a disability issues training model with the assistance of the Region VI Rehabilitation Continuing Education program. Sponsored by the College of Education and the chancellor's and vice chancellors' offices, the training targeted two groups. The first was composed of the chancellor, vice chancellors, and several selected faculty members, students, and administrators (n = approximately 25). The second consisted of deans, department chairs, program coordinators, and other university personnel who work directly with students (n = approximately 175).

The primary goals and objectives of the intensive 5-hour program included:

*Addressing Attitudinal Barriers*

- debunking myths and misconceptions regarding people with disabilities
- exploring reactions to, fears about, and discomfort toward people with disabilities
- learning disability etiquette and "people first" language
- examining barriers for students with disabilities
- considering issues of program and service accessibility
- assessing employment barriers to hiring, promotion, and acceptance
- developing an individualized implementation and awareness plan

*Section 504 of the Rehabilitation Act and the Americans with Disabilities Act*

- reviewing legislation
- exploring access to programs and services
- incorporating disability-specific accommodations in the workplace, the classroom, and the service area
- identifying on- and off-campus resources
- revising individualized implementation plans

Every participant also received extensive written materials. The sessions were highly interactive and addressed individual questions and concerns. At the end of each session, the director of the Office for Campus Access compiled a list of questions and answers for participants' future reference.

Disability issues training proved an effective eye-opener for faculty, administrators, and students. The sessions were filled with interactive activities and lively discussions. Facilitators brought a new level of awareness and acceptance to the campus community.

**Career Exploration and Decision-making Courses**

Students with disabilities should be encouraged to participate in programs and activities sponsored by campus career services. Career exploration and decision making for students with disabilities are addressed through integrated credit-bearing courses at the University of Arkansas. In these "mainstream" courses, the Office for Campus Access and Project Career provide technical assistance in exploring the specific needs of individuals with disabilities. It includes disability awareness modules, ADA consultation, information about on-the-job accommodations, and community resource information.

**Job-seeking Skills**

Students with disabilities can overcome many employment obstacles by developing sound and persistent job-seeking strategies. Many career services offices sponsor mini-courses in resume writing, interviewing skills, professional attire, and networking; students with disabilities should be encouraged to participate. Career fairs and other corporate recruitment activities must also be made accessible. Students with disabilities participating in integrated job-seeking activities at the University of Arkansas receive disability-specific consultation from the Office for Campus Access and Project Career, addressing such issues as disclosing a disability, requesting reasonable accommodations, understanding rights to privacy, recognizing employer discrimination, and gaining access to resources that can assist in the job search process.

**Work Experience/Internship Program**

Supervised practica and internships provide college students valuable preprofessional experience in their career fields. Many academic programs require structured internships. Other work-study, co-op, and apprenticeship programs also offer important career-orientation opportunities. Tenuous postgraduation employment prospects (Johnson & Rubin, 1986) suggest, however, that those with disabilities do not take advantage of such opportunities to the same extent as their nondisabled peers.

Project Career's Work Experience program enables students with disabilities to participate in volunteer and paid internships in field-specific community settings. Students earn degree-credit or noncredit certificates for the semester-long experiences, which are supervised by the employer and Project Career's employment specialist. In addition to initiating work in their chosen fields, students consider their disability-related work limitations and resulting accommodation needs (often for the first time). Because the Work Experience program is a university-sponsored activity, the university provides on-the-job accommodations.

**Mentor Program**

The role a professional or academic mentor can play in a college student's career development is well-documented (Mullins, 1993). Mentors provide resource information, professional contacts, and content area training, all of which can help students greatly in seeking, securing, and maintaining employment after graduation.

An accompaniment to the Work Experience program, Project Career's mentor program matches students with disabilities and professionals in the students' career fields. Students and mentors participate in a series of structured and informal activities, giving students the contacts, the confidence, and the support needed to begin career-entry employment after graduation. By getting to know their fields and supportive professionals in those fields, students in the mentor program enjoy heightened levels of career awareness and preparedness.

**Accommodations Planning Team Seminar**

As students with disabilities prepare for graduation, student affairs professionals must help them specify career objectives and develop directed job search plans. Project Career offers a "send-off" service for graduating students with disabilities — the Accommodations Planning Team (APT) seminar.

The APT seminar employs a team approach to career planning and on-the-job accommodations. Teams consist of a student with a disability (in his or her final semester of study), an employer in the student's career field, a rehabilitation professional, and a technology specialist. The seminar presents a series of structured activities in which the teams assist students in (a) identifying prospective accommodation needs in their fields, (b) understanding their legal rights to reasonable employment accommodations and the procedures for requesting them, and (c) developing strategies for discussing disability and related accommodation needs with employers. The group process culminates with students sharing their job seeking and resource utilization plans for the next several weeks.

## Conclusion

Disability awareness and acceptance on college campuses nationwide is at an all-time high. Led by such professional organizations as the Association on Higher Education and Disability (AHEAD) and the National Association of Student Personnel Administrators (NASPA), institutions of higher learning are removing physical and programmatic barriers in wholesale fashion. In continuing as champions of access and opportunity for students with disabilities into the 21st century, colleges and universities must view higher education as a career development experience. The degree to which access to college programs prepares students with disabilities for career-entry positions after graduation is of paramount concern.

To receive truly integrated career development services, students with disabilities must first avail themselves of every opportunity offered to the general student population. To facilitate this, college orientation programs, career classes, career fairs, employer

recruitment, and internships must be accessible. In addition to services in mainstream settings, though, these students need disability-specific information and services to equalize their career prospects. Summer transition programs, assistive technology training, self-advocacy training, ADA information, and accommodations assistance will enable students to address concerns inherent and unique to their disability-related limitations.

The future holds tremendous promise for college students with disabilities. As access to programs continues to improve and opportunities continue to develop, an educated, informed, and empowered disability community will emerge from its present disadvantaged status and pursue the career opportunities from which it has been excluded. By providing responsive, comprehensive, integrated career development services as a complement to inclusive academic programs, American colleges and universities can continue to lead the way.

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*CHAPTER NINE*

# PROFESSIONALS WITH DISABILITIES

HOLLY A. BELCH

The increasing diversity of individuals in higher education has been well-documented in the past several years (American Council on Education, 1991; Carter & Wilson, 1992; Commission on Minority Participation, 1988; Hodgkinson, 1985; Kuh, 1990; Wilson, 1988). Much of the focus, however, has been on the changing nature of student characteristics with respect to age, ethnicity, gender, national origin, and sexual orientation. More recent literature has only begun to acknowledge the growing numbers of individuals, specifically students, with disabilities on American college campuses (Henderson, 1992; Ramirez, 1993; Smith, 1989).

Higher education has had to confront the challenges of accommodating new groups of students since the 19th century. The growing numbers of administrators, particularly in student affairs, has been due in part to the increasing diversity of college students' backgrounds and needs (Brown, 1981; Fenske, 1989).

The histories of higher education and student affairs can be viewed, to some degree, as parallel structures. Each new student group was accompanied by practitioners to serve its particular needs (e.g., deans of women, veterans affairs, minority affairs, disabled

student services). Although the practitioners' previous employment experiences may not have been in higher education, their desire to work as advocates for an identifiable group of students provided sufficient motivation to pursue opportunities in the field.

Student affairs typically comprises staff who, at the very least, have a college education and therefore come from the ranks they serve. As a result, the diverse backgrounds of college students influence the diversity of student affairs administrators on campuses across the county.

## Demographics

Individuals with disabilities have become much more visible participants in all aspects of society. According to Davis and Lifchez (1987), over 32 million people in the United States have sensory or motor impairment and are considered disabled. Data based on census information indicate that 13.4 million people between the ages of 16 and 64 report a work-related disability (U.S. Census Bureau, 1989). Porter (1981) noted that one in eleven people is disabled. Furthermore, the majority of these people are not in institutions but, with moderate support services, manage to live independently (Davis & Lifchez, 1987).

During the 1960s and 1970s, advocates of civil rights legislation created an atmosphere of awareness around the concerns of individuals with disabilities that extended beyond regional and state levels to become part of a national agenda (Bowe, 1982). The disabled population gained visibility and a national voice as a result (Posner, 1984). At the heart of its concerns was the desire to gain access to all opportunities available to the general population. Aggressive lobbying focused on equal access and on being recognized as an underrepresented group (McCarthy & Campbell, 1993). Federal legislation resulted, in the form of the Rehabilitation Act of 1973 and the Education for All Handicapped Children Act of 1975, guaranteeing rights of access primarily in the educational arena.

As individuals with disabilities gained greater visibility and access in the general community, they began to see higher education as a realistic goal. Data collected by the American Council on Education (1991) revealed that 10.5 percent of the 12.5 million students enrolled in higher education were disabled. A more recent report, based on data from full-time freshmen in 1991, put the total at 9 percent, indicating that the number of college students with disabilities had tripled over the 13-year period from 1978 to 1991 (Henderson, 1992). That is to say, one in eleven full-time freshmen reported a disability in 1991, compared with one in 38 in 1978. This represents a virtual explosion in students with disabilities on campuses throughout the country, and the population will probably continue to grow (Asch, 1984; Fichten, 1988). According to Smith (1989), the number of college students with disabilities reflects the general population more than ever before in the history of higher education.

**Student Affairs Professionals**

As previously noted, one predictable aspect of student affairs is that its work force is drawn from a pool of former college students. Those involved in cocurricular activities as undergraduates are frequently encouraged by practitioners to enter the profession. Others find their way into an entry-level residence life or admissions counselor position while deciding what they really want to do with their lives. Another portion of the population emerges from college with plans that take them directly into graduate preparation programs. In other words, individuals find their way into the profession from rich and diverse backgrounds. Based on a mixture of experiences, personal goals, and personal circumstances, many of these individuals ultimately commit to a student affairs career.

Ideally, a group of individuals (student affairs professionals) drawn primarily from a larger population (college students) will reflect the characteristics of the larger group. Although demographic data show that 10.5 percent of college students report a disability (American Council on Education, 1991), virtually no data are available to describe student affairs professionals in regard to disability. Two major professional organizations, the National As-

sociation of Student Personnel Administrators (NASPA) and the American College Personnel Association (ACPA), do not currently collect such information. In 1993, the Association on Higher Education and Disability (AHEAD) conducted a membership study that included several questions concerning disability. It revealed that 22.1 percent of the respondents had a disability (A. Parkinson, personal communication, April 18, 1994).

Disability takes a variety of forms (Bolles, 1991; Porter, 1981) and the potential to become disabled increases with age (Porter, 1981). One can think of the population as either able-bodied or disabled; more accurately, perhaps, one should think in terms of predisabled and disabled. Few of us remain able-bodied over an entire lifetime and fewer people than you might imagine remain so even throughout their work lives. Bolles (1991) observed,

> Disability is not like race, or stature, or your birthplace. Where you were born will always be so. Your race and your stature also will not change. But whether or not you are one of "the so-called handicapped" can change during the next twenty-four hours (p. 10).

Given this perspective, should a disabling condition dictate to what extent a person can continue in a job or enter a profession? To some degree, perhaps. But in some arenas, the culture of work or of a profession may inadvertently shape the images of professionals more than is necessary or appropriate. Examining the meaning and symbols associated with work may therefore provide greater clarity and understanding about disability.

## The Nature and Meaning of Work

Historically, work has been integral to society and regarded as intrinsically meaningful (Schleuning, 1990). The ability to secure employment and to sustain oneself are valued highly in American culture (Berkell & Gaylord-Ross, 1989); they provide primary sources for income, identity, and interaction (Daniels, 1981; McCarthy, 1988; Neff, 1968).

Schleuning (1990) noted that the need for accomplishment is paramount in our lives and satisfied primarily through work. Evidence of work's importance can be measured by how often we are asked what we do rather than what we are creating (Applebaum, 1992; Daniels, 1981; Schleuning, 1990). As members of society, we are defined by our occupations and by our place on the organizational chart. One's status and influence in society are determined largely by one's job (Applebaum, 1992; Berkell & Gaylord-Ross, 1989; Daniels, 1981). Terkel (1974) demonstrated that occupation and career are central to the respect we generate from others. The need to work, argued Roth (1989), is "engrained in our cultural psyche as being critical to social acceptability" (p. 28).

During the 1970s, the federal government enacted legislation to ensure equal access not only to education, but also to employment. As Burkhauser and Haveman (1982) observed,

> By declaring that living in a barrier-free environment is a fundamental "right" of disabled people, the government for the first time stated its intent to adjust social norms to accommodate the handicapped, rather than to provide assistance to the handicapped in their efforts to adjust to social norms (p. 100).

As the '70s ended, the government came to terms with the notion that the disabled community has a right to full integration into society. But it wasn't until 15 years later that all facets of society (e.g., private business, nongovernment-funded accommodations and services, state and local governments) were held accountable to that notion. The Americans with Disabilities Act of 1990 was designed and enacted to protect individuals with disabilities from discrimination in public services, employment opportunities, and communication systems (Rumrill, Gordon & Roessler, 1993).

Medical advances and a desire to meet new challenges have also contributed to greater involvement in the community by individuals with disabilities. Modern technology and innovations in rehabilitation have made it possible and practical for disabled people to participate more fully and live more independently (Crew &

Zola, 1983). New developments in medical technology have increased life expectancy and now offer a wide range of opportunities to those with disabilities, rather than a life restricted to home or an institution (Cotler & DeGraff, 1976; Davis & Lifchez, 1987). Communication devices (e.g., TDD, text scanners) and transportation methods (e.g., automobile hand controls, hydraulic lifts) offer but a few examples of how technology helps people lead more active and integrated lives than ever before. According to Stubbins (1988), "Medical advances have transformed the central meaning of disability from physical survival to the search for meaning when one is socially isolated, unemployed or underemployed, and lacking essential environmental accommodations" (p. 24). The meaning of work to the lives of individuals who happen to be disabled is no less significant than for others, yet the opportunities for employment are dramatically different.

**Student Affairs Work**

Although changes in work situations and individual abilities have been evident as society has progressed, the essence of work has remained constant (Roth, 1989). The definition or philosophy of student affairs work, for example, has not changed even though the nature of the work has been shaped or altered by the changing student population. From a philosophical perspective, the tenets of the 1937 or 1949 Student Personnel Point of View still guide our work today (American Council on Education, 1986a, 1986b). Concurrently, the profession has developed symbolic ways to help us describe and operationalize this philosophy and signal our commitment to the growth and development of college students. In fact, practitioners have developed a culture, over time, that conveys, among other things, the profession's norms or standards of conduct and its dominant values. Kuh and Whitt (1988) defined culture in education as "the collective, mutually shaping patterns of norms, values, practices, beliefs, and assumptions that guide the behavior of individuals and groups" (pp. 12-13). As an example, albeit a simplistic one, each time someone enters a new environment (e.g., beginning a new job) he or she pays particular attention to patterns of behavior, habits, and the extent to which accom-

plishments are celebrated, to understand the milieu more fully. These observations subsequently provide the foundation for understanding the cultural context of the new work environment.

**Symbols in Student Affairs Work**

Geertz (1973) noted that "meanings are 'stored' in symbols" (p. 127). The symbolic nature of student affairs work provides not only meaning to students and other members of the academic community, but also to individuals interested in becoming part of the profession. Those interested in pursuing a student affairs career often observe, formally and informally, the nature of our work and how it is conducted. Their interpretations form the basis of their understanding. The accuracy and depth of that understanding will vary, depending on the observation itself but also the context observed and the interaction of individuals within that context, as well the observer's past assumptions and experiences. New professionals employed at the same institutions from which they received their education, for example, may generalize their experience to be similar for all student affairs practitioners.

Work in student affairs is replete with symbols that shape the culture within which staff operate. One of the most common is the interactive character of the work. Images of daily interaction and of how people communicate, in addition to the level and intensity of interplay, abound. Some of the symbols may, however, unintentionally send clear and distinct messages about the unidimensional nature of the interactions, which may in turn prevent individuals who communicate or interact differently from being considered competent professionals.

I conducted a research study to examine the experiences of professionals with disabilities in relation to the nature of student affairs work. I identified and interviewed five people, but have given them pseudonyms to maintain confidentiality. Two of the individuals' disabilities were congenital (hearing impairment, visual impairment), one became disabled in early childhood (mobility impairment), one during the teen years (visual impairment), and one in early adulthood (health impairment). They range in age from late-20s to mid-40s. Two work in disabled student services;

the other three have had various experiences in student affairs, including career services, counseling, residence life, and student activities. The respondents are: John, who is in his late 20s and has a visual impairment; Susan, who is in her 40s and has a hearing impairment; Mary, who is also in her 40s and has a mobility impairment; Peter, who is in his late 20s and has a visual impairment; and Anne, who is in her 30s and has a health-related disability.

Take a moment and try to identify the number of student affairs colleagues you know who have a disability. This is probably not an easy task, in part because some may have a disability that is not visible (e.g., health-related disability, learning disability, hearing impairment). Even for more visible disabilities (e.g., mobility impairment, blindness), however, it may prove difficult. The obvious question is: Why? Is it that professionals with disabilities are not employed on your campus or in your region? If not, why? Do you recognize the participation of professionals with disabilities in representative numbers at national conferences?

In trying to design a research study to address these concerns, my most difficult problem was identifying professionals with disabilities. Henderson (1992) confirmed that "the disabling conditions that are most prevalent today are more likely to be invisible (learning disabilities, health impairments, speech impairments, low vision, or loss of hearing) than obvious (deafness, orthopedic, blindness)" (p. iii). But the term *invisible disability* prompts one to consider: Are the disabilities invisible or are the professionals with disabilities invisible? If so, why? There is a measure of truth to both. Concern and attention must be given, however, to the consequences of any group of professionals being "invisible," either by choice or circumstances. Is their experience measurably different from professionals with a visible disability? Several respondents in the study did acknowledge differences. John spoke confidently:

> I don't use any mobility aides so there's nothing visible. If I'm close enough to you my eyes themselves don't appear to be disfigured or anything like that. Most people I meet learn sometime after we've met. That's usually how it works, just because it's not visible and I don't identify it until there's a reason to. But I don't deny it — if someone said, Where's

your car?, I'd say I don't have one because I can't drive.

Susan differentiated between situations that do or do not require her to identify herself as hearing-impaired:

> A lot of times I don't even really have to tell people. It's not really germane to the conversation. If it gets to be a situation in a big group, I'll say something so I don't embarrass myself and say something really stupid.

John, Susan, and Anne all reflected on the advantages of an invisible disability. Anne captured the essence of what all three had experienced:

> There are just times when it's not an issue nor should it be. During those times you know that people are interacting with you, not the disability. It's a much more genuine feeling and response that, unfortunately, individuals with visible disabilities don't often have the opportunity to experience because people meet the disability before they meet the person.

## Barriers in the Environment

The boundaries to full participation in society and work for individuals with disabilities are best described in terms of architectural, attitudinal, and procedural barriers. Intentionally or not, these elements are manifested in various ways within higher education.

### Architectural/Physical Barriers

Despite efforts to address architectural impediments by providing ramps into buildings, adding braille signage to elevator panels, and widening doorways, some areas in student affairs, at the very least, imply exclusion. A live-in residential life position inherently suggests the need for unrestricted mobility within a multi-level hall or complex. The image is so powerful that relatively few staff ever reconsider the types of responsibility or explore ways a professional with a mobility impairment might be equally effective. One

respondent, Mary, had worked as a hall director early in her career and discussed how it related to her mobility impairment:

> I think hall directing is very tough and I did that for two years. What becomes difficult is the crisis situations — getting up in the middle of the night. At least for me that was the thing that was most difficult. I think you have to find ways to work through that and you have to have very good staff support to do that.

Fire alarms and other warning signals are a standard and important aspect of the live-in professional's experience. On many, if not most, campuses that professional's competence continues to be narrowly defined by the ability to hear auditory messages. A new professional in student affairs with a hearing, visual, or mobility impairment may sense, from either implicit or explicit suggestions prior to or during the hiring process, that a live-in position is not an employment option because of attitudinal barriers or structural mandates.

Residential life, and more specifically a live-in position, may provide challenges for a professional with a disability, as well as for current staff who may need to conceptualize their work in different ways. Beyond the typical routine of interacting with staff and students, attending to administrative work, and assisting with policy development and implementation, the live-in professional must be capable of dealing with a variety of emergency situations (e.g., fire alarms, student health crises). Concern for the safety of residents and staff may, in some instances, be valid. It is presumptuous, however, for employers to judge a candidate's inabilities rather than abilities, based solely on the perception created by a disability. Considerable thought must be given to the essential functions and/or minimum qualifications of such a position prior to the search process. Candid discussion with candidates should address how they might accomplish job tasks and, as one of the study respondents indicated, this discussion should be initiated by candidates.

West (1993) acknowledged, "Disability is often a dynamic characteristic. A disability may require no accommodation in one situation and complex technological intervention in another" (p.

6). With the introduction of new technology (pagers, computers, sophisticated video surveillance cameras), the manner in which all live-in professionals carry out some of their responsibilities is quite different now than in the past. Some disabilities require different accommodations at different times; as West (1993) pointed out, the critical aspect of accommodations is flexibility. Ideally, practitioners in the few institutions across the country with experience employing professionals with disabilities in residence halls (and other student affairs areas) will assist in educating their colleagues and take the lead in initiating dialogue about the appropriate issues and concerns.

Federal legislation has mandated that attention be given to removing architectural barriers in society. All good intentions take time and resources, but a conscious awareness of alternative ways some individuals experience an environment can be quite helpful in mediating difficulties and inconveniences for them. Although some national organizations have recently made tremendous progress in accommodating participants with disabilities, the need for increasing awareness and for thinking more broadly than just accessibility for the mobility-impaired remain. Not too long ago, while attending a national conference, Peter was not able to get from one level of the facility to the next because the primary means was an escalator — something a guide dog cannot use due to risk of injury. He was forced to search for an elevator in the back of the building, a considerable distance from the general activity of the convention. Not only was this time consuming and inconvenient, but Peter felt he was left on his own with his guide dog to find the elevator in an unfamiliar environment. Barriers like the one Peter encountered may play a large role in whether professionals with disabilities participate in the opportunities afforded by attending annual conferences of national and regional organizations.

**Attitudinal Barriers**

Perhaps the most challenging hurdles for professionals with disabilities to overcome are attitudinal barriers. In fact, Carver and Rodda (1978) contended that attitudinal barriers may be the most insidious environmental factors inhibiting change.

Many of the cues practitioners respond to are visual. The student who appears always to be alone, or the one who looks sullen and depressed over a period of time, or even the one who beams with accomplishment and pride upon hearing the result of a student government election, are all situations practitioners assess from a visual perspective and that may prompt more personal inquiry. As a result, it is sometimes difficult to conceptualize how a practitioner who is visually impaired can pick up on the seemingly limitless visual cues in a college environment. At the time of this study, Peter was seeking a graduate assistantship in judicial affairs and responded to sincere comments and inquiries about his ability to distinguish between the truth and "being conned," since he would not see nonverbal behavior in judicial hearings. He noted that the human experience includes multitudinous behaviors (e.g., a sigh, the drooping of a head, slouching of the body, fidgeting, pauses in speech) that seem inaudible to individuals who rely solely on visual cues, but speak loudly to him in ways many sighted people cannot imagine. By addressing the issue in a straightforward manner during his interview, Peter alleviated many of the supervisor's concerns and was subsequently hired.

Student affairs staff must remember that disability is but one aspect of an individual (Daniels, 1981). "The other characteristics of a disabled person," suggested Ramirez (1993), "outweigh any handicap" (p. 431). As John, a professional involved with a career development project for students with disabilities, emphasized, "I would hope my visual impairment isn't my most salient characteristic. Sooner or later I'd like to be known as the person who does a good job at what he does or makes a contribution in one way or another rather than the blind guy who does." Dembo, Diller, Gordon, Levitan, and Sherr (1973) acknowledged that some handicaps do result from disabling conditions. But others can be attributed directly to the attitudes of other individuals.

Several respondents shared negative experiences that have occurred over their careers. Mary talked about an interview earlier in her career:

> I had one interview at an institution that had a disabled person in the position prior to me and she had to resign because of health problems. They were very unwilling to

look at another person who was disabled because of that experience and, basically, came out and told me that. I probably could have sued them and I chose not to because it wasn't worth fighting. They kept asking questions about Can you do this?, Can you do that?, based on the things she couldn't do and constant references back to her situation, rather than giving me a chance to present my abilities. That was the most blatant discrimination I ever experienced and was very discouraging.

During the early stages of her health problems, Anne sensed a lack of understanding and recognition of what professionals with disabilities can accomplish while attending a national conference. She observed intentional and unintentional interactions among disabled and nondisabled professionals:

Shortly after becoming ill I was attending a national conference and decided to pay particular attention to the employers in the placement service. At the time, there were several candidates with visible disabilities, primarily mobility and visual impairments, interviewing for jobs. You could see the look of disappointment on the employers' faces when they came out to the waiting area, called a name, and the candidates with disabilities came forward to meet them. I'm not sure the employers were aware of their nonverbal expressions and behavior, but it had a profound impact on me and left a lasting impression.

John's experiences have been quite positive, the attitudinal barriers minimal. He remarked:

I'd be real interested to know what others are dealing with. I sometimes think I've been somewhat fortunate. I have a lot of support and I haven't had to deal with a lot of the issues that I know are out there and that people have had to deal with, and I'm thankful. But, by not having to deal with them, I think I sometimes underestimate them. I tend to convince myself that it doesn't really matter as long as you can do your work. In my little world it doesn't matter to me and at least to people around me. But I wouldn't presume

that it's true for everybody.

Peter was the only professional in this study without a substantial history of work experience in student affairs. As someone who embarked on a job search recently, he is hopeful that professionals in the field will be interested in giving him the opportunity to discuss what he can do rather than making assumptions based solely on the fact that he's visually impaired.

**Policy and Procedural Barriers**

Barriers are not only evident in an individual's spoken or unspoken words (attitudinal) or in an environment's design (architectural). Policy and procedural barriers are, fundamentally, attitudinal barriers that have been operationalized (Daniels, 1981). Policy issues and concerns often surface in the job search process or in the structure establishing the parameters of the work day. For instance, the need for unanimous approval when deciding to hire a particular candidate may be addressed through policy or procedural change.

Moreover, many staff equate dedication and commitment with the number of hours spent on the job. Whether they are willing to admit it or not, some practitioners describe how hard they work in terms of how many hours they spend at their desks or on campus conducting workshops in the evenings. Formally or informally, mechanisms exist for keeping track of "comp time" and staff often speak rather proudly of how much they have accrued rather than of how much vacation time has been taken for self-renewal. For individuals who live with severe fatigue as a result of illness (e.g., multiple sclerosis, chronic fatigue immune dysfunction, AIDS) and must limit the amount of excessive or prolonged activity or work, these images and messages make it difficult to be viewed as a contributing and dedicated professional.

Anne, a study respondent affected by severe fatigue as a result of chronic illness, remarked:

> While I was struggling with coming to terms with a sudden illness, I also found myself frustrated and feeling guilty over

the fact that I had to take a day off every few weeks in order to maintain enough energy to continue working at all. I don't think anyone I worked with resented it, in fact they were all very understanding, but they had experience working with the "pre-illness" me. In terms of any future, I was very concerned about my ability to be hired and valued by professionals who saw only the "post-illness" me.

Another respondent, Mary, who has a mobility impairment, reflected on a changing health situation that prompted her to think about her ability to continue in the profession:

> In the last five years I've had a lot more problems with energy and mobility. I had to relinquish some commitments and it was very difficult for me. At that point I was wondering if I could continue in the profession. Part, but not all, of my concern had to do with the stamina issue and being active at a level I thought I needed to be.

Both women noted, however, that much of the questioning of their abilities was self- rather than environmentally-imposed. Yet they also commented on feeling "fortunate" to have supportive supervisors.

All of the respondents in this study spoke of having supportive supervisors and believed their current employment situations were positive. They also asserted, however, that they were primarily responsible for initiating any discussion about accommodations. The relative lack of information may be a central issue for many practitioners and result in misguided, if not erroneous, assumptions. Several respondents confirmed it is incumbent upon the professional with a disability to dispel some assumptions by providing sufficient information about what he or she is capable of in relation to job responsibilities. Mary concluded:

> I think, especially now, most places are sensitive to what they can and cannot ask. I think it's more of an unspoken thing, making assumptions without checking them out because they don't feel like they can check them out. I think it becomes more incumbent on the candidate to raise questions and to answer the concerns that aren't being asked.

The lack of information and understanding may be addressed by integrating into professional development activities the dissemination of appropriate information throughout the year, rather than only during the hiring process. As more research and literature emerges, articles or case studies can be used as catalysts for group discussions.

Several researchers have emphasized the significance of information and the impact of role models in affecting changes in attitudes and behaviors (Cook, Kunce & Sleater, 1974; Eichinger, Rizzo & Sirotnik, 1991; Glass & Meckler, 1972; Sadlick & Penta, 1975). The respondents all referred to the concept of role modeling for students. Mary described her experiences in that regard:

> I have found students to be incredibly accepting. That was a concern I had initially — I think more when I was counseling — What would clients think? I was always surprised at how little an issue it seemed to be for them. I think with the students I'm a positive role model in overcoming challenges. Several have said they valued my kind of modeling for doing things, for finding ways to do the things you want to do.

The need for role models from all underrepresented groups is evident on campuses (Freeman, Nuss & Barr, 1993). This is fundamental to the ability of student affairs to address the needs and concerns of an increasingly diverse student body, as well as the professional population. As Freeman et al. (1993) indicated, "Exposure to a variety of role models within a student affairs organization can assist students in understanding, accepting, and becoming comfortable with difference in very concrete ways. All students will appreciate a demonstrated strong commitment to diversity and pluralism" (p. 458). Smith (1989) emphasized that a diverse faculty and staff are a source of support for students, as well as an important symbol of institutional and professional commitment.

Susan offered an additional perspective on what motivates her to structure her professional career around working with students with disabilities:

> This notion of service is centered in my faith and my disability. I'm all too aware of these people with disabilities and of how easy they are to miss and how reluctant people are to

> approach them. So I see myself as this person whose disability is visually discreet and who can make the bridge. I think my abilities show — I can talk and walk — but for so many people with disabilities that's just not true. My abilities get me in the door and once I'm in I use the forum to talk.

If the profession is to realistically provide students appropriate role models, it may be necessary to examine policies and procedures in the hiring process to identify any existing barriers, including unintentional ones. In the absence of such barriers, individuals and organizations must assess whether they are passive or active in recruiting, selecting, and developing professionals with disabilities.

## Conclusion

Each of the examples presented above offers alternative ways to accomplish organizational goals while maintaining the integrity of the work we do and providing access and opportunities to professionals with disabilities. Efforts in these areas can ensure that if practitioners become disabled, temporarily or permanently, their contributions in the work place will not be compromised by architectural design or by attitudinal, policy, or procedural barriers.

The time has arrived for staff on individual campuses, as well as professional organizations, to take stock of disability issues as they concern practitioners. Relevant and sometimes uncomfortable questions must be asked: Is the ability to see, hear, or walk a requisite for working in residence life, or student activities, or admissions, or career services, on any campus? What truly constitutes an essential job function? Is something truly a required aspect of a job or simply a way we have learned to think about the job responsibilities we meet? Should we accept the fact that professionals with disabilities (or any professionals, for that matter) feel "fortunate" to have "supportive" supervisors in their work environments? The professionals in this study offered insight into

working in student affairs, but also into having disabilities. Their experience is not intended as generalized, but rather as descriptive of the similarities or differences that may help to understand the experiences of others.

Student affairs professionals have raised variations of these questions before in relation to colleagues from other underrepresented groups. Plans have been developed and implemented both on individual campuses and nationally concerning the recruitment, professional development, and mentoring of professionals from racial and ethnic minority groups. Conscious effort has gone into examining and encouraging the participation and representation of these professionals at all levels in professional associations, preparation programs, and student affairs organizations.

Freeman, Nuss, and Barr (1993) acknowledged, in timely fashion, that "Two primary challenges must be met: creating opportunities for the staff in student affairs to reflect the variety of emerging student populations and creating a climate where many kinds of individuals feel valued and welcomed in the campus community" (p. 465). They also reminded practitioners that recruiting, nurturing, and retaining diverse staff will require "new modes of thinking." If student affairs professionals envision themselves champions in the quest for diversity and pluralism on college campuses, then they are obligated, morally and ethically, to direct their energy and commitment to broadening the scope of diversity to include not only students with disabilities, but professionals in student affairs with disabilities as well.

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# CONCLUSION

Initially, as editors, we proposed a monograph entitled *A Student Affairs Guide to the ADA*. As conceptualized, it was to provide NASPA members a comprehensive resource that would aid in responding to the most recent civil rights legislation, the Americans with Disabilities Act of 1990. This published volume meets that goal by being a resource that vice presidents, mid-level student affairs administrators, and student affairs professionals directly responsible for serving students with disabilities can refer to when faced with the legal obligations imposed on them by ever-changing institutions.

The introduction offers a historical perspective of the ADA, which is followed by details on specific legal guidelines in Chapter One. Although the ADA requires an emphasis on the legal mandates to include individuals with disabilities, this monograph emphasizes a student development model. Theoretical underpinnings serve as the foundation for responding to students with a variety of disabilities, addressed in individual chapters. The distinct disability chapters — the central body of the book — highlight current issues, modern practices, and recent trends.

The concluding chapters offer insight into the transition from a campus community to the larger society for individuals with disabilities. Employment remains a challenge, both for those with disabilities and for professionals working to dispel myths and stereotypes that have a negative impact on minority groups. Student affairs professionals often emphasize diversity issues despite limited resources. Institutional commitment ultimately influences the effectiveness of any program designed to enhance opportunities for minorities. The monograph's final chapter argues that a division's commitment to diversity will certainly affect continued

efforts to provide the opportunities for growth that improve the quality of life for all individuals.

Although the monograph provides the NASPA readership a contemporary resource aid for responding to people with disabilities, *individuals* must initiate efforts to create change. Within our personal and professional lives only one thing remains truly constant: change. As a microcosm of larger societal influences, student affairs evolved in response to a campus responsibility for meeting the needs of student life through *in loco parentis*. Later, students exercised their rights as adults and created an environment allowing for a broader sense of freedom. Recently, the pendulum has begun to swing back to an emphasis on restricting freedom, perhaps in response to an increasingly litigious society.

While larger societal trends influence the campus community, the existing practices outlined in this volume, coupled with improved research, provide a foundation for the continuing evolution of student affairs. In the future, this monograph will offer a perspective from the 1990s. Specific practices will evolve and improve, but one fundamental tenet will remain: Serving students with disabilities effectively can only be accomplished through respect, the same respect we show for ourselves, our colleagues, the campus community, and the larger, more diverse, society as a whole.

*APPENDIX A*

# ANNOTATED BIBLIOGRAPHY

The following references constitute a basic set of publications for the individual or office responsible for providing services to students with disabilities.


Brinckerhoff, L.C., Shaw, S.F., & McGuire, J.M. (1993). *Promoting post-secondary education for students with disabilities: A handbook for practitioners.* Austin, TX: PRO-ED.
Brinckerhoff, Shaw, and McGuire address a variety of learning disability issues in their newest comprehensive text. As a reference or a means to gain a more complete understanding of specific issues, *The Handbook for Practitioners* will prove an invaluable resource.

Equal Employment Opportunity Commission and the U.S. Department of Justice. (1991). *Americans with Disabilities Act handbook.* Washington, DC: author.
This handbook is a complete reference for the ADA. It defines specifications for physical access.

Jarrow, J.E. (1992). *Title by title: The ADA's impact on postsecondary education.* Columbus, OH: Association on Higher Education and Disability.

Jarrow, J.E. (1993). *Subpart E: The impact of Section 504 on postsecondary education.* Columbus, OH: Association on Higher Education and Disability.
Together, these short texts provide a reader answers to the most frequently asked questions about serving students with disabilities.

King, W., & Jarrow, J. (1991). *Testing accommodations for students with disabilities: A guide for licensure, certification, and credentialing.* Columbus, OH: Association on Higher Education and Disability.

Testing accommodations remains a complex issue. This AHEAD publication offers guidelines for testing in higher education.

Thompson Publishing Group. (1990). *Americans with Disabilities Act compliance guide.* Washington, DC: author.

The *Compliance Guide* provides a comprehensive yet simplified version of the ADA. Monthly supplements are offered for an annual fee.

## *APPENDIX B*

### Associations for Information on Learning Disabilities

Learning Disabilities Association of America (LDA), 4156 Library Road, Pittsburgh, PA 15234, (412) 341-1515 or 341-8077.

Orton Dyslexia Society (ODS), Chester Building, Suite 382, 8600 LaSalle Road, Baltimore, MD 21286-2044, (401) 296-0232, (800) ABCD-123.

### Learning Disabilities Newsletters

The HEATH Resource Center publishes *Information from HEATH* twice a year. Fact sheets and other information are available free upon request.

National Clearinghouse on Postsecondary Education for Individuals with Disabilities, One Dupont Circle, Suite 800, Washington, DC 20036-1193, (800) 544-3284

The *Postsecondary LD Network News* is published three times a year by the Postsecondary Education Unit of the Pappanikou Center on Special Education and Rehabilitation at the University of Connecticut. Available on a subscription basis, the cost is $20 per year for individuals and $30 for schools or agencies.

*Postsecondary LD Network News*, University of Connecticut, Pappanikou Center on Special Education and Rehabilitation, U-64, 249 Glenbrook Road, Storrs, CT 06269-2064, (203) 486-0163

**Learning Disabilities Faculty Awareness and In-service Resources**

*Dispelling the Myths: College Students and Learning Disabilities.* Available from the National Center for Learning Disabilities, 381 Park Avenue South, Suite 1420, New York, NY 10016, (212) 545-7510.

*Faculty Guidebook: Working with Students with Learning Disabilities at New River Community College.* Available from the HEATH Resource Center, One Dupont Circle, Suite 800, Washington, DC 20036-1193, (800) 54-HEATH.

*AHEAD Inservice Education Kit and College Students with Learning Disabilities.* Available from AHEAD, P.O. Box 21192, Columbus, OH 43221-0192, (614) 488-4972.

**Material for Training Learning Disability Volunteers and Peer Tutors**

*Assisting College Students with Learning Disabilities: A Tutor's Manual, Peer Mentoring: A Support Group Model for Students with Disabilities, and Volunteer Reader/Taping Service Handbook.* Available from AHEAD, P.O. Box 21192, Columbus, OH 32221-0192, (614) 488-4972.

*Handbook for Volunteer Tutors.* Available from Anne Straley, Special Services, Richland College, 12800 Abrams Road, Dallas, TX 75214-2199, (214) 238-6372.

**Associations and Resources for Information about Psychiatric Disabilities**

International Association of Psychosocial Rehabilitation Services *(IAPSRS),* 10025 Governor Warfield Parkway, Suite 301, Columbia, MD 21044-3357, (410) 730-7190.

National Alliance for the Mentally Ill (NAMI), 2101 Wilson Boulevard, Suite 302, Arlington, VA 22201, (703) 524-7600, (800) 950-NAMI.

National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314-2971, (703) 684-7722, (800) 969-NMHA.

**Associations and Resources for Information on AIDS and HIV**

Foundation for Hospice and Homecare, 519 C Street, NE, Stanton Park, Washington, DC 20002, (202) 547-6586.

National AIDS Hotline, American Social Health Association, P.O. Box 13827, Research Triangle Park, NC 27709, (800) 342-2437.

Centers for Disease Control and Prevention, National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003, (800) 458-5231, (800) 243-7012 (TDD).

**Associations and Resources for Information on Assistive Technology**

ABLEDATA, 8455 Colesville Road, Suite 935, Silver Spring, MD 20910-3319, (800) 346-2742. A national database of assistive technology information.

IBM Special Needs Systems, (800) 426-4832, (800) 426-4833 (TDD). Information about IBM products for persons with disabilities.

Trace Resource Reference Manual, Trace Resource and Development Center on Communication, Control, and Computer Access for Disabled Individuals, S-151 Waisman Center, University of Wisconsin-Madison, 1500 Highland Avenue, Madison, WI 53705, (608) 263-5408. The intent of this manual is to provide information for locating useful tools quickly and efficiently. It lists products pertaining to communication, control, and computer access, as well as special software. Product information includes a vendor's name, a photograph, and a short depiction of the product's functions and capabilities.

Recordings for the Blind, 20 Roszel Road, Princetown, NJ 08540, (800) 221-4792.

Rochester Institute of Technology, Campus Connections, 48 Lomb Memorial Drive, Rochester, NY 14623-5604, (716) 475-2504.

A.T. Quarterly, Resna Technical Assistance Project, 1700 N. Moore Street, Suite 1540, Arlington, VA 22209-1903, (703) 524-6686.

**General Information and Resources**

Association on Higher Education and Disability (AHEAD), P.O. Box 21192, Columbus, OH 43221-0192, (614) 488-4972 (Voice/TDD).

Department of Justice (DOJ), Civil Rights Division, Public Access Section, P.O. Box 66738, Washington, DC 20035-6738, (800) 514-0301 (11 a.m. to 5 p.m.), (800) 514-0383 (TDD).

HEATH Resource Center, One Dupont Circle, Suite 800, Washington, DC 20036-1193, (202) 939-9320, (800) 54-HEATH (Voice/TDD).

NASPA Disability Concerns Network, Network Chair: Dan Ryan, Canisius College, Career Planning, 2001 Main Street, Buffalo, NY 14208, (716) 888-2475.

**Telephone Numbers for ADA Technical Assistance**

President's Committee on Employment of People with Disabilities, (202) 376-6200 (Voice), (202) 376-6205 (TDD), (202) 376-6219 (Fax).

Job Accommodation Network, (800) 526-7234 (Voice/TDD), (800) 526-4698 (WV only).

Architectural and Transportation Barriers Compliance Board, (800) 872-2253 (Voice/TDD), (202) 653-7848 (Voice/TDD).

Disability Rights Education and Defense Fund, (800) 466-4232 (Voice/TDD), (510) 644-2555 (Voice), (510) 644-2629 (TDD).

**National Institute on Disability and Rehabilitation Research ADA Disability and Business Technical Assistance Centers**

Region I: CT, MA, ME, NH, RI, VT. University of South Maine, Muskie Institute of Public Affairs, 96 S. Falmouth Street, Portland, ME 04103, (207) 780-4430, (207) 780-4417 (Fax).

Region II: NJ, NY, PR. United Cerebral Palsy Association/New Jersey, 354 S. Broad Street, Trenton, NJ 08608, (609) 392-4004, (609) 392-3503 (Fax), (609) 392-7044 (Fax).

Region III: DC, DE, MD, PA, VA, WV. Independence Center of Virginia, 2111 Wilson Boulevard, #400, Arlington, VA 22201, (703) 525-3268 (Voice/TDD), (703) 525-6835 (Fax).

Region IV: AL, FL, GA, KY, MS, NC, SC, TN. United Cerebral Palsy Association, National Alliance of Business, 1776 Peachtree Road, #310N, Atlanta, GA 30309, (404) 888-0022 (Voice), (404) 888-9091 (Fax), (404) 888-9007 (TDD).

Region V: IL, IN, MI, MN, OH, WI. University of Illinois at Chicago/University Affiliated Program in DD, 1640 W. Roosevelt Road, Chicago, IL 60608, (312) 413-1647 (Voice/TDD), (312) 413-1326 (Fax).

Region VI: AR, LA, NM, OK, TX. Independent Living Research Utilization Institute for Rehabilitation and Research, 2323 S. Sheperd Boulevard, Suite 1000, Houston, TX 77019, (713) 520-0232, (713) 520-5785 (Fax), (713) 520-5136 (TDD).

Region VII: IA, KS, MO, NE. University of Missouri at Columbia, 401 E. Locust Street, Columbia, MO 65201, (314) 882-3807, (314) 882-1727 (Fax).

Region VIII: CO, MT, ND, SD, UT, WY. Meeting the Challenge, 3630 Sinton Road, #103, Colorado Springs, CO 80907-5072, (719) 444-0252, (719) 444-0269 (Fax), (719) 444-0268 (TDD), (800) 735-4232 (Voice/TDD).

Region IX: AZ, CA, HI, NV, PB. Berkeley Planning Associates, 440 Grand Avenue, #500, Oakland, CA 94610, (510) 465-7884, (510) 465-7885 (Fax).

Region X: AK, ID, OR, WA. Washington Governor's Commission on Disability Issues and Employment, 212 Maple Parkway, KG-11, Olympia, WA 98504, (206) 438-3168, (206) 438-4014 (Fax), (206) 438-3167 (TDD).

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